PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Asho — INTOX EC/IR II
	Instrument Location Ashe Co. 1511
Instrumen	t Serial No. 008849 Jeffeson, NC
The prever four month	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests,
rtify that or edures wer artment of	and the second s
THE STATE OF A	

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Signature of Certifying Official

ASHE COUNTY ASHE COUNTY JAIL 040

Serial Number: 008849 Test Date: 02/18/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

06/01/2019-06/01/2021

Officer's Name: NONE, Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG933703 Exp Date: 12/03/2021

Test	g/210L	Time
DIAG AIR BLK	Pass .00	4:28pm 4:29pm
ACCY CHK	.08	4:29pm
AIR BLK	.00	4:30pm
SUB TEST	.00	4:31pm
AIR BLK	.00	4:32pm
SUB TEST	.00	4:33pm
AIR BLK	.00	4:34pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch

Analyst

Department of Health and Human Services Rev. 12/2007

#### ASHE COUNTY ASHE COUNTY JAIL 040

Serial Number: 008849 Test Record Number: 1327 Test Date: 02/18/2020

Test Time: 4:36pm EST

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	4:36pm
FLO	Pass	4:36pm
FC	Pass	4:36pm

### Temperature Tests

Test	Status	Time
FC1	Pass	4:37pm
SRC	Pass	4:37pm
DET	Pass	4:37pm
BAR	Pass	4:37pm
BT	Pass	4:37pm

#### Blank Tests

Test	Status	Time
AIR	Pass	4:37pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:37pm
	CRC Tests	
Test	Status	Time
COMP	Pass	4 · 37pm

Preventive Maintenance Status: Pass

Pass

4:37pm

CAL

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR I

,	INTOXIMETERS, MODEL INTOX EC/IR II
County_6	eautori Instrument Location Beautori Co Court
Instrument Se	rial No. 008586 100E. and ST, WashingTON, N
The preventiv	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that o procedures we Department of	n the
STATE OF THE STATE	

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Signature of Certifying Official

Certificate Number

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008586 Test Date: 02/10/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Keesler, Linda A Permit Number: 0045-5468

Effective:

07/08/2019-07/08/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG821801 Exp Date: 08/06/2020

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07 .00	11:36am 11:37am 11:38am 11:39am
SUB TEST	.00	11:39am
AIR BLK	.00	11:40am
SUB TEST	.00	11:42am
AIR BLK	.00	11:43am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

#### BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008586 Test Record Number: 1557
Test Date: 02/10/2020 Test Time: 11:43am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:43am
FLO	Pass	11:43am
FC	Pass	11:43am

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:43am
SRC	Pass	11:43am
DET	Pass	11:43am
BAR	Pass	11:43am
BT	Pass	11:43am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:44am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:44am
	CRC Tests	· .

Test	Status	Time
COMP	Pass	11:44am
CAL	Pass	11:44am

Preventive Maintenance Status: Pass

Jindy 8 Lead

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	intoximeters, model intox ec/ir ii
County_	BERTIE Instrument Location BERTIE Co. S.O.
Instrumer	nt Serial No. DO 8897 DDD County FARM Rd., Windson,
The preve	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every hs are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedur	hat on the day of FESTUATO, 2000, the foregoing preventive maintenance es were performed on the instrument indicated above, in accordance with current regulations of the N.C. ent of Health and Human Services, and the instrument is functioning properly.
COREAT SERVICE	TATE ON NO STATE OF THE PARTY O

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Signature of Certifying Official

Certificate Number

BERTIE COUNTY BERTIE CO SO 070

Serial Number: 008897 Test Date: 02/26/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Keesler, Linda A

Permit Number: 0045-5468

Effective:

07/08/2019-07/08/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG911506 Exp Date: 04/25/2021

Test	g/210L	Time
DIAG	Pass	1:53pm
AIR BLK	.00	1:54pm
ACCY CHK	.08	1:54pm
AIR BLK	.00	1:55pm
SUB TEST	.00	1:56pm
AIR BLK	.00	1:57pm
SUB TEST	.00	1:58pm
AIR BLK	.00	1:59pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### BERTIE COUNTY BERTIE CO SO 070

Serial Number: 008897

Test Record Number: 1315

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:00pm
FLO	Pass	2:00pm
FC	Pass	2:00pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:00pm
SRC	Pass	2:00pm
DET .	Pass	2:00pm
BAR	Pass	2:00pm
BT	Pass	2:00pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:01pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:01pm

#### CRC Tests

Test	Status	Time
COMP	Pass	2:01pm
CAL	Pass	2:01pm

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County CAS	well Instrument Location Caswell Go Deferrition CTA		
Instrument Seria	INO. 008593 211 County Pracy Ro. Yancquille, NE		
The preventive i	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7. ·	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
	the 25 day of February, 20 2 D the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Iealth and Human Services, and the instrument is functioning properly.		
OF THE STATE OF A PART 12, HE	Signature of Certifying Official Certificate Number		

CASWELL COUNTY DETENTION CENTER 160

Serial Number: 008593 Test Date: 02/25/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, STOKES

Permit Number: 11434E

Effective:

04/01/2019-04/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG919902 Exp Date: 07/18/2021

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	3:03pm 3:04pm 3:05pm 3:06pm 3:06pm 3:07pm 3:09pm
SUB TEST		
ATD RIK	0.0	3:10pm

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### CASWELL COUNTY DETENTION CENTER 160

Serial Number: 008593

Test Record Number: 1793

Test Date: 02/25/2020 Test Time: 3:11pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	3:11pm 3:11pm
FC	Pass	3:11pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:11pm
SRC	Pass	3:11pm
DET	Pass	3:11pm
BAR	Pass	3:11pm
BT	Pass	3:11pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:12pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:12pm
	CRC Tests	

Test	Status	Time
COMP	Pass	3:12pm
CAL	Pass	3:12pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Cho	Instrument Location (howan Co. Public Sa
Instrument Seria	DOODER Charles of End
The preventive r	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on	theday of, 20, 20, the foregoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C.
Department of l	Health and Human Services, and the instrument is functioning properly.
THE STATE OF AN AND A STATE OF AN AND AND A STATE OF AN AND AND AN AND AND AN AND AND AND AN	Signature of Certifying Official Certificate Number

#### CHOWAN COUNTY PUBLIC SAFETY CENTER 200

Serial Number: 008895 Test Date: 02/03/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

06/01/2019-06/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG902201 Exp Date: 01/22/2021

Test	g/210L	Time
DIAG AIR BLK	Pass	12:42pm 12:43pm
ACCY CHK	.08	12:43pm
AIR BLK	.00	12:44pm
SUB TEST	.00	12:47pm
AIR BLK	.00	12:48pm
SUB TEST	.00	12:49pm
AIR BLK	.00	12:50pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### CHOWAN COUNTY PUBLIC SAFETY CENTER 200

Serial Number: 008895

Test Record Number: 947

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:52pm
FLO	Pass	12:52pm
FC	Pass	12:52pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:52pm
SRC	Pass	12:52pm
DET	Pass	12:52pm
BAR	Pass	12:52pm
BT	Pass	12:52pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:53pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:53pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:53pm 12:53pm

Preventive Maintenance Status: Pass

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Livi	berland C. Instrument Location Cambo planel	Co. Deterdion Conten
Instrument Seria	INO. CD 8632 FAJetteville	, MC
The preventive i	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath 34 degrees, plus or minus .2 degree centigrade;	simulator thermometer shows
2.	Verify instrument displays time and date;	•
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration d simulator solution is being changed every four months or after 125 Alco whichever occurs first.	
	theday of, 20, the foregoing performed on the instrument indicated above, in accordance with current Health and Human Services, and the instrument is functioning properly.	ing preventive maintenance nt regulations of the N.C.
THE STATE OF A STATE O	Signature of Certifying Official	Certificate Number

#### CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008632 Test Date: 02/17/2020

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Keesler, Grayham C
Permit Number: 0045-5487
Effective:
11/04/2019-11/04/2021

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG934001 Exp Date: 12/06/2021

Test	g/210L	Time
DIAG AIR BLK	Pass	9:48am 9:48am
ACCY CHK	.08	9:49am
AIR BLK	.00	9:50am
SUB TEST	.00	9:51am
AIR BLK	.00	9:52am
SUB TEST	.00	9:55am
AIR BLK/	.00	9:56am

Reported AC: 1.00 g/210L

<del>Signatu</del>re of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance p

### CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008632 Test Record Number: 4299

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:57am
FLO	Pass	9:57am
FC	Pass	9:57am

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:57am
SRC	Pass	9:57am
DET	Pass	9:57am
BAR	Pass	9:57am
$\mathtt{BT}$	Pass	9:57am

#### Blank Tests

Test	Status	Time

AIR Pass

9:58am

#### Printer Tests

Test	Status	Time

PRNT Pass 9:58am

#### CRC Tests

Test	Status	Time
COMP	Pass	9:58am
CAL	Pass	9:58am

Preventive Maintenance

Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County un	iberland Co. Instrument Location Cumberland Co Detention Center
Instrument Seri	al No. 008612 FAyetteville, SIC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the
TO THE STATE OF TH	Signature of Certifying Official Certificate Number

#### CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008672 Test Date: 02/17/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Keesler, Grayham C

Permit Number: 0045-5487

Effective:

11/04/2019-11/04/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG934001 Exp Date: 12/06/2021

maat

lest	9/2101	TTIME
DIAG	Pass	9:42am
AIR BLK	.00	9:43am
ACCY CHK	.07	9:44am
AIR BLK	.00	9:45am
SUB TEST	.00	9:46am
AIR BLK	.00	9:47am
SUB TEST	.00	9:49am
AIR BLK	.00	9:50am

a/2101. Time

Reported AC .00 9/210L

Signature of Chemical Analyst

Court CVR

#### CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008672 Test Record Number: 6896 Test Date: 02/17/2020 Test Time: 9:50am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FIO	Pass Pass	9:51am 9:51am
FC	Pass	9:51am

#### Temperature Tests

Status	Time
Pass	9:51am
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	9:51am

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:51am

#### CRC Tests

Test	Status	Time
COMP	Pass	9:52am
CAL	Pass	9:52am

Preventive Maintenance

Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County <u>C</u>	embere land Co. Instrument Location Cumber land Co. Defention Contra
Instrument Se	rial No. 008633 Fayette Ville, NC
The preventive four months a	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures w Department	on the
STATE OF THE STATE	Signature of Certifying Official Certificate Number

#### CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008633 Test Date: 02/17/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Keesler, Grayham C

Permit Number: 0045-5487

Effective:

11/04/2019-11/04/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG933703 Exp Date: 12/03/2021

Test	g/210L	Time
DIAG AIR BLK	Pass	9:41am 9:41am
ACCY CHK	.08	9:42am
AIR BLK	.00	9:43am
SUB TEST	.00	9:44am
AIR BLK	.00	9: <b>4</b> 5am
SUB TEST	.00	9:47am
AIR BLK	.00	9:48am

Reported ACr .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008633

Test Record Number: 5477

Test Date: 02/17/2020

Test Time: 9:54am EST

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	9:55am
FLO	Pass	9:55am
FC	Pass	9:55am

### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass	9:55am 9:55am 9:55am 9:55am 9:55am

#### Blank Tests

Test	Status	Time
AIR	Pass	9:56am

### Printer Tests

Test	Status	Time
PRNT	Pass	9:56am

#### CRC Tests

Test	Status	Time
COMP	Pass	9:56am
CAL	Pass	9:56am

Preventive Maintenance

Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTUATIVE TERS, NODEL INTOX EC/IN			
Instrument Serial No. 0086/4 Fayette Ville, MC				
The preventi four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be fare:	followed at least once every		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath 34 degrees, plus or minus .2 degree centigrade;	simulator thermometer shows		
2.	Verify instrument displays time and date;			
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appears, collect breath sample;			
7.	When "PLEASE BLOW" appears, collect breath sample;			
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canister is being changed before expiration d simulator solution is being changed every four months or after 125 Alco whichever occurs first.	ate, or the alcoholic breath holic Breath Simulator tests,		
procedures	t on the	ing preventive maintenance nt regulations of the N.C.		
LAND SEE AND S	Signature of Certifying Official	Certificate Number		

#### CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008614 Test Date: 02/17/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Keesler, Grayham C

Permit Number: 0045-5487

Effective:

11/04/2019-11/04/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG934001 Exp Date: 12/06/2021

Test	g/210L	Time
DIAG AIR BLK	Pass .00	9:49am 9:50am
ACCY CHK	.07	9:51am
AIR BLK	.00	9:52am
SUB TEST	.00	9:52am
AIR BLK	.00	9:53am
SUB TEST	.00	9:55am
AIR BLK	.00	9:56am

Reported AC:

.00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007

### CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008614 Test Date: 02/17/2020 Test Record Number: 4402 Test Time: 9:56am EST

System Check: Passed

### Baseline Tests

Test	Status	Time
IR <b>FL</b> O	Pass Pass	9:57am 9:57am
FC	Pass	9:57am

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:57am
SRC	Pass	9:57am
DET	Pass	9:57am
BAR	Pass	9:57am
BT	Pass	9:57am

#### Blank Tests

Test	Status	Time
		•
AIR	Pass	9:57am

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:57am

#### CRC Tests

Test	Status	Time
COMP	Pass Pass	9:58am 9:58am

Preventive Maintenance Status: Pass

Amaliant

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County	ALE Instrument Location DARE CO. S.D HATTERA
Instrument S	erial No. 008807 50346 NCHW/ 12, Frisco, N.
The preventi	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the day of Fbruary, 2000, the foregoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
STATI STATI	

Signature of Certifying Official

DARE COUNTY DARE CO SO HATTERAS 270

Serial Number: 008807 Test Date: 02/24/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Keesler, Linda A

Permit Number: 0045-5468

Effective:

07/08/2019-07/08/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

Lot Number: AG821801 Exp Date: 08/06/2020

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	10:47am 10:47am 10:48am
AIR BLK	.00	10:49am
SUB TEST	.00	10:50am
AIR BLK	.00	10:51am
SUB TEST	.00	10:52am
ATR BLK	. 00	10:53am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

find N. Keer

#### DARE COUNTY DARE CO SO HATTERAS 270

Serial Number: 008807 Test Record Number: 1131 Test Date: 02/24/2020 Test Time: 10:55am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:55am
FLO	Pass	10:55am
FC	Pass	10:55am

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:56am
SRC	Pass	10:56am
DET	Pass	10:56am
BAR	Pass	10:56am
BT	Pass	10:56am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:56am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:56am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:56am

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

10:56am

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location c. Kill Pesil Hills The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

- 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- 2. Verify instrument displays time and date;
- 3. Initiate breath test sequence;
- Enter information as prompted; 4.
- 5. Verify instrument accuracy;
- 6. When "PLEASE BLOW" appears, collect breath sample;
- 7. When "PLEASE BLOW" appears, collect breath sample;
- 8. Print test record:
- 9. Verify Diagnostic Program; and
- 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests. whichever occurs first.

day of , 20 character the forgoing preventive maintenance I certify that on the procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



#### DARE COUNTY KILL DEVIL HILLS PD 270

Serial Number: 008918 Test Date: 02/04/2020

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Keesler, Linda A

Permit Number: 0045-5468

Effective:

07/08/2019-07/08/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG821801 Exp Date: 08/06/2020

Test	g/210L	Time
DIAG AIR BLK	Pass	1:22pm 1:22pm
ACCY CHK	.08	1:23pm
AIR BLK SUB TEST	.00 .00	1:24pm
AIR BLK	.00	1:25pm 1:26pm
SUB TEST	.00	1:27pm
AIR BLK	.00	1:28pm

Reported AC: .00, g/210L

Signature of Chemical Analyst

Court CVR

Analys

#### DARE COUNTY KILL DEVIL HILLS PD 270

Serial Number: 008918 Test Record Number: 733
Test Date: 02/04/2020 Test Time: 1:29pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:29pm
FLO FC	Pass Pass	1:29pm 1:29pm
T. C	EGDD	±.25Piii

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:29pm
SRC	Pass	1:29pm
DET	Pass	1:29pm
BAR	Pass	1:29pm
BT	Pass	1:29pm

#### Blank Tests

Test	Status	Time	
AIR	Pass	1:30pm	

#### Printer Tests

1000	Deacas	12
PRNT	Pass	1:30pm

Status

Time

#### CRC Tests

Test	Status	Time
COMP	Pass	1:30pm
CAL	Pass	1:30pm

Preventive Maintenance Status: Pass

Analyst

and an Artistic

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Do	avidson Instrument Location Richard Co. Jail
Instrument Ser	ial No. 008845 Lexington, NC
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department of	on the
THE CHANGE	

DAVIDSON COUNTY DAVIDSON CO JAIL 280

Serial Number: 008845 Test Date: 02/19/2020

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BURNETTE, ANTHONY J
Permit Number: 11304E
Effective:
06/01/2019-06/01/2021

Officer's Name: NONE,
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG821401 Exp Date: 08/02/2020

Test	g/210L	Time
DIAG AIR BLK	Pass	6:02pm 6:03pm
ACCY CHK	.08	6:04pm
AIR BLK	.00	6:05pm
SUB TEST	.00	6:06pm
AIR BLK	.00	6:07pm
SUB TEST	.00	6:08pm
AIR BLK	.00	6:09pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### DAVIDSON COUNTY DAVIDSON CO JAIL 280

Serial Number: 008845 Test Record Number: 3351 Test Date: 02/19/2020 Test Time: 6:11pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	6:11pm
FLO	Pass	6:11pm
FC	Pass	6:11pm

#### Temperature Tests

Test Status	Time
FC1 Pass	6:11pm
SRC Pass	6:11pm
DET Pass	6:11pm
BAR Pass	6:11pm
BT Pass	6:11pm

#### Blank Tests

Test	Status	Time
AIR	Pass	6:12pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	6:12pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	6:12pm 6:12pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

$\bigcirc$	INTOXIMETERS, MODEL INTOX EC/IR II			
County Jav	Instrument Location (nexing ton 4)			
Instrument Seria	INO. 008883 Lexington, NC			
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every			
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;			
2.	Verify instrument displays time and date;			
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appears, collect breath sample;			
7.	When "PLEASE BLOW" appears, collect breath sample;			
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.			
I certify that on procedures were Department of	the			
STATE OF COLOR OF THE STATE OF	Signature of Certifying Official  Certificate Number			

DAVIDSON COUNTY LEXINGTON PD 280

Serial Number: 008883 Test Date: 02/19/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

06/01/2019-06/01/2021

Officer's Name: NONE, Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG821401 Exp Date: 08/02/2020

Test	g/210L	Time
DIAG AIR BLK	Pass .00	5:31pm 5:32pm
ACCY CHK	.08	5:33pm
AIR BLK	.00	5:34pm
SUB TEST	.00	5:35pm
AIR BLK	.00	5:36pm
SUB TEST	.00	5:38pm
AIR BLK	.00	5:38pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

#### DAVIDSON COUNTY LEXINGTON PD 280

Serial Number: 008883 Test Date: 02/19/2020

Test Record Number: 2178
Test Time: 5:40pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	5:40pm
FLO	Pass	5:40pm
FC	Pass	5:40pm

#### Temperature Tests

Status	Time
Pass	5:40pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	5:41pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	5:41pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	5:41pm 5:41pm

Preventive Maintenance Status: Pass

Analyst

## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

		RB, MODEL INTOX ECIT	
County La	vidson	Instrument Location Thomas u	ville PD
Instrument Se	rial No. <u>00 8872</u>	Thomas	Ville, Ne
The preventiv		ntoximeters, Model Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic breat gree centigrade;	h simulator thermometer show
2.	Verify instrument displays time	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;	;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appe	ears, collect breath sample;	
7.	When "PLEASE BLOW" appe	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and	d	
10.	Verify that the ethanol gas cani simulator solution is being char whichever occurs first.	ister is being changed before expiration nged every four months or after 125 Alc	date, or the alcoholic breath cholic Breath Simulator tests,
procedures w	ere performed on the instrument in	26/V6/Y, 20 <u>20</u> , the foreg dicated above, in accordance with curre I the instrument is functioning properly	ent regulations of the N.C.
THE STATE AND THE CHEAT OF THE	CAROLLE CAROLL	3	649
	Sign	nature of Certifying Official	Certificate Number

DAVIDSON COUNTY THOMASVILLE PD 280

Serial Number: 008872 Test Date: 02/19/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

06/01/2019-06/01/2021

Officer's Name: NONE, Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG919901 Exp Date: 07/18/2021

m - - -

Test	g/210L	Time
DIAG	Pass	4:40pm
AIR BLK	.00	4:41pm
ACCY CHK	.07	4:41pm
AIR BLK	.00	4:42pm
SUB TEST	.00	4:43pm
AIR BLK	.00	4:44pm
SUB TEST	.00	4:45pm
AIR BLK	.00	4:46pm

-- /0101

m 3 --- -

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### DAVIDSON COUNTY THOMASVILLE PD 280

Serial Number: 008872 Test Record Number: 1466 Test Date: 02/19/2020 Test Time: 4:47pm EST

System Check: Passed

#### Baseline Tests

4:47pm 4:47pm 4:48pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	4:48pm
SRC	Pass	4:48pm
DET	Pass	4:48pm
BAR	Pass	4:48pm
$\mathtt{BT}$	Pass	4:48pm

#### Blank Tests

Test	Status	Time
AIR	Pass	4:48pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:48pm
	CRC Tests	

Test	Status	Time
COMP	Pass	4:48pm
CAL	Pass	4:48pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County / C	Instrument Location Davie Co. Jail
Instrument Seria	Instrument Location Davie Co. Jail  No. 008905  Mocks Ville, NC
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
_	the
STATE OF NO. 10 PM. STATE	Signature of Certifying Official Certificate Number

DAVIE COUNTY DAVIE COUNTY JAIL 290

Serial Number: 008905 Test Date: 02/19/2020

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BURNETTE, ANTHONY J
Permit Number: 11304E
Effective:
06/01/2019-06/01/2021

Officer's Name: NONE,
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG821801 Exp Date: 08/06/2020

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08 .00	7:02pm 7:03pm 7:04pm 7:05pm
SUB TEST	.00	7:05pm
AIR BLK	.00	7:06pm
SUB TEST	.00	7:08pm
AIR BLK	.00	7:09pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

#### DAVIE COUNTY DAVIE COUNTY JAIL 290

Serial Number: 008905 Test Record Number: 2464
Test Date: 02/19/2020 Test Time: 7:09pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	7:10pm
FLO	Pass	7:10pm
FC	Pass	7:10pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	7:10pm
SRC	Pass	7:10pm
DET	Pass	7:10pm
BAR	Pass	7:10pm
$\mathtt{BT}$	Pass	7:10pm

#### Blank Tests

Test	Status Ti	Time
AIR	Pass	7:11pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	7:11pm
	CRC Tests	

Test	Status	Time
COMP	Pass	7:11pm
CAL	Pass	7:11pm

Preventive Maintenance Status: Pass

Analyst

## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County G	Instrument Location Mt. Holly
Instrument Se	erial No. 008733 Police Department
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the
STATE OF THE STATE	

GASTON COUNTY MT. HOLLY PD 350

Serial Number: 008733 Test Date: 02/21/2020

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX Driver's License Number: NONE

Analyst's Name: Hays, Mark D Permit Number: 0011-3099

Effective:

11/13/2019-11/13/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG904301 Exp Date: 02/12/2021

rest	9/2101	TIME
DIAG	Pass	9:48am
AIR BLK	.00	9:49am
ACCY CHK	.08	9:50am
AIR BLK	.00	9:51am
SUB TEST	.00	9:51am
AIR BLK	.00	9:52am
SUB TEST	.00	9:54am
AIR BLK	.00	9:54am

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### GASTON COUNTY MT. HOLLY PD 350

Serial Number: 008733 Test Record Number: 1223 Test Date: 02/21/2020 Test Time: 9:57am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:57am
FLO	Pass	9:57am
FC	Pass	9:57am

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:58am
SRC	Pass	9:58am
DET	Pass	9:58am
BAR	Pass	9:58am
BT	Pass	9:58am

#### Blank Tests

Test	Status	Time
AIR	Pass	9:58am

#### Printer Tests

	s Time
PRNT Pass	9:58am

#### CRC Tests

Test	Status	Time
COMP	Pass	9:58am
CAL	Pass	9:58am

Preventive Maintenance Status: Pass

Analyst

## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 6	as As d Instrument Location But mobile Unit 2
Instrument Se	erial No. <u>00 89.73</u>
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures w Department	on theday of, 20, 20, the foregoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
STATE OF THE STATE	CAROLINIA DE LA CAROLINIA DE L

GASTON COUNTY BAT MOBILE UNIT 02 350

Serial Number: 008973 Test Date: 02/08/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: TOWERY,  $CHAD\ V$ 

Permit Number: 26632E

Effective:

05/01/2019-05/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG807101 Exp Date: 03/12/2020

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	9:00pm 9:01pm 9:02pm 9:03pm 9:03pm
AIR BLK SUB TEST AIR BLK	.00 .00	9:04pm <b>9:06pm</b> 9:07pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### GASTON COUNTY BAT MOBILE UNIT 02 350

Serial Number: 008973 Test Record Number: 770
Test Date: 02/08/2020 Test Time: 9:07pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:08pm
FLO	Pass	9:08pm
FC	Pass	9:08pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:08pm
SRC	Pass	9:08pm
DET	Pass	9:08pm
BAR	Pass	9:08pm
$\mathtt{BT}$	Pass	9:08pm

#### Blank Tests

Test	Status	Time
AIR	Pass	9:09pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:09pm
	CRC Tests	
Test	Status	Time

Preventive Maintenance Status: Pass

Pass

Pass

9:09pm

9:09pm

COMP

hv?

CAL

Analyst

## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County <u></u>	Instrument Location Blad Mobile Unit 2
Instrument S	Serial No. 00 89 70
The preventi four months	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
<b>7.</b> •	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures v	t on the
CREAT OF THE PART	
ESE QUAM V	- CWV 30 7 458
	Signature of Certifying Official Certificate Number

GASTON COUNTY BAT MOBILE UNIT 02 350

Serial Number: 008970 Test Date: 02/08/2020

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: TOWERY, CHAD V
Permit Number: 26632E
Effective:
05/01/2019-05/01/2021

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG807101 Exp Date: 03/12/2020

Test	g/210L	Time
DIAG	Pass	9:01pm
AIR BLK	.00	9:02pm
ACCY CHK	.08	9:03pm
AIR BLK	.00	9:03pm
SUB TEST	.00	9:04pm
AIR BLK	.00	9:05pm
SUB TEST	.00	9:06pm
AIR BLK	.00	9:07pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Ch L Do Y Analyst

GASTON COUNTY BAT MOBILE UNIT 02 350

Serial Number: 008970 Test Record Number: 698

Test Date: 02/08/2020 Test Time: 9:08pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:09pm
FLO	Pass	9:09pm
FC	Pass	9:09pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:09pm
SRC	Pass	9:09pm
DET	Pass	9:09pm
BAR	Pass	9:09pm
BT	Pass	9:09pm

#### Blank Tests

Test	Status	Time
AIR	Pass	9:10pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:10pm
	CRC Tests	
Test	Status	Time
COMP	Pass	9:10pm

Preventive Maintenance Status: Pass

Pass

9:10pm

CAL

## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County GY 6	Instrument Location GHENE (O. S.D.
Instrument Serie	al No. 008670 301 W. Greene St., Snow Hill 1
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	theday of
THE STATE OF THE S	Signature of Certifying Official Certificate Number

GREENE COUNTY GREENE CO SO 390

Serial Number: 008670 Test Date: 02/04/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

06/01/2019-06/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG919901 Exp Date: 07/18/2021

Test	g/210L	Time
DIAG	Pass	9:49am
AIR BLK	.00	9:49am
ACCY CHK	.08	9:50am
AIR BLK	.00	9:51am
SUB TEST	.00	9:51am
AIR BLK	.00	9:52am
SUB TEST	.00	9:54am
AIR BLK	.00	9:55am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### GREENE COUNTY GREENE CO SO 390

Serial Number: 008670 Test Date: 02/04/2020 Test Record Number: 1923
Test Time: 9:57am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:57am
FLO	Pass	9:57am
FC	Pass	9:57am

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:57am
SRC	Pass	9:57am
DET	Pass	9:57am
BAR	Pass	9:57am
BT	Pass	9:57am

#### Blank Tests

Test	Status	Time
AIR	Pass	9:58am

#### Printer Tests

Test	Status	TTIIIE
PRNT	Pass	9:58am

#### CRC Tests

Test	Status	Time
COMP	Pass Pass	9:58am 9:58am

Preventive Maintenance Status: Pass

Analyst

## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

į	intoximeters, model intox ec/ir ii
County //	
Instrument S	Berial No. <u>008635</u> 1040 ROANOKE AVK POANOKE RAPIDS, A
The preventi four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures w	on the
THE STATE OF THE S	
	Signature of Certifying Official Certificate Number
	- · · · · · · · · · · · · · · · · · · ·

#### HALIFAX CO ROANOKE RAPIDS PD 410

Serial Number: 008635 Test Date: 02/19/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Smith, Brian D

Permit Number: 0032-6608

Effective:

07/09/2019-07/09/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG911501 Exp Date: 04/25/2021

Test	g/210L	Time
DIAG AIR BLK	Pass	11:27am 11:28am
ACCY CHK	.08	11:29am
AIR BLK	.00	11:30am
SUB TEST	.00	11:30am
AIR BLK	.00	11:31am
SUB TEST	.00	11:33am
ATR BLK	. 00	11:34am

Reported AC: .00/ g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007

#### HALIFAX CO ROANOKE RAPIDS PD 410

Serial Number: 008635 Test Record Number: 1757 Test Date: 02/19/2020 Test Time: 11:37am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:38am
FLO	Pass	11:38am
FC	Pass	11:38am

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:38am
SRC	Pass	11:38am
DET	Pass	11:38am
BAR	Pass	11:38am
$\mathtt{BT}$	Pass	11:38am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:39am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:39am
	CRC Tests	
⊞o a ±	Ctatua	mi ma

Test	Status	Time
COMP	Pass	11:39am
CAL	Pass	11:39am

Preventive Maintenance Status: Pass

Analyst

## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County //etc.1	,
Instrument Seria	INO. DOB656 1090 ROANOLE AVE ROANOLE RAPIDS, NIC
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	he
THE STATE OF AN	Be D Americ 637
	Signature of Certifying Official Certificate Number

HALIFAX CO. ROANOKE RAPIDS PD 410

Serial Number: 008656 Test Date: 02/19/2020

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX Driver's License Number: NONE

Analyst's Name: Smith, Brian D Permit Number: 0032-6608 Effective: 07/09/2019-07/09/2021

Officer's Name: NONE, NONE Type of Agency: FTA Agency: DHHS Test Type: Breath Test

> Lot Number: AG902201 Exp Date: 01/22/2021

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK	.00 .00	11:26am 11:26am 11:27am 11:28am 11:29am 11:31am 11:32am 11:33am

Reported AC: .00 g/210L

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch Department of Health and Human Services Rev. 12/2007

#### HALIFAX CO. ROANOKE RAPIDS PD 410

Serial Number: 008656 Test Record Number: 673
Test Date: 02/19/2020 Test Time: 11:38am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:38am
FLO	Pass	11:38am
FC	Pass	11:38am

#### Temperature Tests

Status	Time
Pass	11:38am
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time	
AIR	Pass	11:39am	

#### Printer Tests

Test

CRC Tests
PRNT Pass 11:39am

Status

Time

Tesc	Status	TIME
COMP	Pass	11:39am
CAL	Pass	11:39am

Preventive Maintenance Status: Pass

Meni D Smoth

## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County HAL	Instrument Location HALIFAX Co. SHERIFF'S OFFICE
Instrument Seri	al No. 008695 355 FREEELL LA HAMFAX, NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the 19 day of FERUARY, 20 20 the forgoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
STATE OF STA	Signature of Certifying Official Certificate Number

HALIFAX CO. HALIFAX CO. SD 410

Serial Number: 008695 Test Date: 02/19/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Smith, Brian D

Permit Number: 0032-6608

Effective:

07/09/2019-07/09/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

Lot Number: AG911501 Exp Date: 04/25/2021

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	2:29pm 2:30pm 2:31pm 2:32pm 2:32pm 2:33pm
SUB TEST	.00	2:34pm
AIR BLK	.00	2:35pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### HALIFAX CO. HALIFAX CO. SD 410

Serial Number: 008695 Test Record Number: 2886

Test Date: 02/19/2020 Test Time: 2:38pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:38pm
FLO	Pass	2:38pm
FC	Pass	2:38pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:38pm
SRC	Pass	2:38pm
DET	Pass	2:38pm
BAR	Pass	2:38pm
BT	Pass	2:38pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:39pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:39pm
	CRC Tests	
Test	Status	Time

Test	Status	Time
COMP CAL	Pass Pass	2:39pm 2:39pm

Preventive Maintenance Status: Pass

## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County/	Hyde Instrument Location HYDE CO. S. D - OCKACOKE
Instrument S	Serial No. 008797 NC12, Octacoke, N.C.
The prevent	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
broseggies u	on the day of FEBRUALO, 2000 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Ince A Carel 647
	Signature of Certifying Official Certificate Number

HYDE COUNTY HYDE CO SO OCRACOKE 470

Serial Number: 008797 Test Date: 02/24/2020

Citation Number: M0000000-0 subject's Name: PREVENTIVE, MAINTENANCE Subject's Date of Birth: 11/11/1911 Subject's Sex: Male

Driver's License State: XX Driver's License Number: NONE

Analyst's Name: Keesler, Linda A Permit Number: 0045-5468 Effective: 07/08/2019-07/08/2021

Officer's Name: NONE, NONE Type of Agency: FTA Agency: DHHS Test Type: Breath Test

> Lot Number: AG911501 Exp Date: 04/25/2021

m-at	g/210L	Time
DIAG AIR BLK ACCY CH AIR BLK SUB TE AIR BL SUB TE AIR BL	Pass .00 IK .08 K .00 ST .00 K .00	1:39pm 1:39pm 1:40pm 1:41pm 1:42pm 1:43pm 1:44pm 1:45pm

.00 g/210L Reported AC:

Chemical Analyst Signature of

Court CVR

HYDE COUNTY HYDE CO SO OCRACOKE 470

Test Record Number: 580 Test Time: 1:46pm EST Serial Number: 008797

Test Date: 02/24/2020

System Check: Passed

Baseline Tests

Baserra		Time
Test	Status	-
Tesc	pass	1:46pm 1:46pm
IR	Pass	1:46pm
FLO FC	Pass	rests

## Temperature Tests

Lembor	_	Time
Test	Status Pass	1:46pm 1:46pm
FC1 SRC	Pass	1 46P <sup>III</sup>
DET	Pass Pass	1:46pm 1:46pm
BAR BT	pass	±t.S

## Blank Tests

	Blank	!
	status .	Time
Test		1:47pm
- TD	Pass	
AIR	moc	ts

## printer Tests

FI	· <del>-</del>	Time
	status	T T
Test	Do	1.47pm
_	Pass	J. *
$_{ extsf{PRNT}}$	-	
	magts	•

### CRC Tests

	CRC Tests	
	status	Time
Test		1:47pm
COMP	pass pass	1:47pm
CAL	-e-ini	tenance

Preventive Maintenance Status: Pass

This form is used when performing Preventive Maintenance procedures Department of Health and Human Services

## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	Hyde Instrument Location Hyde Co. 5.0.
Instrument S	erial No. 008801 1233 MAINST., SWALL QUOTTER
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
I certify that procedures w	on the
THE STATE OF THE S	Jacob Leader 647
	Signature of Certifying Official Certificate Number

HYDE COUNTY HYDE CO SO SWAN QUAR 470

Serial Number: 008801 Test Date: 02/12/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Keesler, Linda A

Permit Number: 0045-5468

Effective:

07/08/2019-07/08/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG933703 Exp Date: 12/03/2021

- /0101

m - - - -

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	11:48am 11:49am 11:49am 11:50am
AIR BLK	.00	11:51am
SUB TEST	.00	11:52am
AIR BLK	.00	11:54am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Tince & Local
Analyst

#### HYDE COUNTY HYDE CO SO SWAN QUAR 470

Serial Number: 008801 Test Record Number: 536 Test Date: 02/12/2020 Test Time: 11:55am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:55am 11:55am
LLO	rass	II:55am
FC	Pass	11:55am

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:55am
SRC	Pass	11:55am
DET	Pass	11:55am
BAR	Pass	11:55am
BT	Pass	11:55am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:56am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:56am
	CRC Tests	
Tect	Status	Time

Tesc	Scacus	TIME
COMP	Pass	11:56am
CAL	Pass	11:56am

Preventive Maintenance Status: Pass

Inex A. Keepl
Analyst

## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	edell Instrument Location Fredell County
Instrument Seri	al No. 008809 Sheriffs Office
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9,	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the day of day of , 2020 the forgoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
OTHE STATE OF MAN TO STATE OF	Signature of Certifying Official Certificate Number

#### IREDELL COUNTY IREDELL COUNTY SO 480

Serial Number: 008809 Test Date: 02/10/2020

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Hays, Mark D
Permit Number: 0011-3099
Effective:
11/13/2019-11/13/2021

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG919901 Exp Date: 07/18/2021

Test	g/210L	Time
DIAG AIR BLK	Pass .00	9:06am 9:07am
ACCY CHK	.08	9:07am
AIR BLK	.00	9:09am
SUB TEST	.00	9:09am
AIR BLK	.00	9:10am
SUB TEST	.00	9:12am
AIR BLK	.00	9:13am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### Analyst

#### IREDELL COUNTY IREDELL COUNTY SO 480

Serial Number: 008809 Test Record Number: 4345

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:14am
FLO	Pass	9:14am
FC	Pass	9:14am

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:15am
SRC	Pass	9:15am
DET	Pass	9:15am
BAR	Pass	9:15am
BT	Pass	9:15am

#### Blank Tests

Test	Status	Time
AIR	Pass	9:15am

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:15am

#### CRC Tests

Test	Status	Time
COMP	Pass	9:15am
CAL	Pass	9:15am

Preventive Maintenance Status: Pass

## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Lev	10.1 Instrument Location Kinston PD
Instrument Seria	al No. 008847 205 E. King St., Kinston, N.
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that or procedures wer Department of	the day of the strument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
ON THE STATE OF TH	Signature of Certifying Official  Certificate Number

LENOIR COUNTY KINSTON PD 530

Serial Number: 008847 Test Date: 02/27/2020

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G
Permit Number: 12955E

Effective:

06/01/2019-06/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG933703 Exp Date: 12/03/2021

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	10:04am 10:05am 10:06am
AIR BLK	.00	10:07am
SUB TEST	.00	10:07am
AIR BLK	.00	10:08am
SUB TEST	.00	10:10am
AIR BLK	.00	10:10am

Reported AC: .00\_g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### LENOIR COUNTY KINSTON PD 530

Serial Number: 008847 Test Record Number: 696 Test Date: 02/27/2020 Test Time: 10:12am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:13am
FLO	Pass	10:13am
FC	Pass	10:13am

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:13am
SRC	Pass	10:13am
DET	Pass	10:13am
BAR	Pass	10:13am
$\mathtt{BT}$	Pass	10:13am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:14an

#### Printer Tests

rest	Status	Time
PRNT	Pass	10:14am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:14am 10:14am

Preventive Maintenance Status: Pass

Kely (

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County M	Nadisan Instrument I	Location Macs 17	II PD
Instrument Se	Serial No. 008582	Mars Hi	11, nc
The preventive four months a	ntive maintenance procedures for the Intoximeters, Mo	odel Intox EC/IR II to be fo	llowed at least once every
1.	Verify the ethanol gas canister displays pressur 34 degrees, plus or minus .2 degree centigrade;		imulator thermometer shows
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect brea	ath sample;	
7.	When "PLEASE BLOW" appears, collect brea	ath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being chasimulator solution is being changed every four whichever occurs first.	anged before expiration day months or after 125 Alcoh	te, or the alcoholic breath olic Breath Simulator tests,
I certify that procedures w Department	nat on the	, 20, the foregoir in accordance with current t is functioning properly.	ng preventive maintenance regulations of the N.C.
TATE STATE OF THE	ATE ON TO STATE OF CERTIFY	ving Official	Certificate Number

MADISON COUNTY MARS HILL PD 560

Serial Number: 008582 Test Date: 02/26/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

06/01/2019-00/00/0000

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG911506 Exp Date: 04/25/2021

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	4:36pm 4:37pm 4:38pm
AIR BLK	.00	4:39pm
SUB TEST	.00	4:39pm
AIR BLK	.00	4:40pm
SUB TEST	.00	4:42pm
AIR BLK	.00	4:43pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### MADISON COUNTY MARS HILL PD 560

Serial Number: 008582 Test Recor

Test Record Number: 1150

Test Date: 02/26/2020 Test Time: 4:44pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	4:44pm
FLO	Pass	4:44pm
FC	Pass	4:45pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	4:45pm
SRC	Pass	4:45pm
DET	Pass	4:45pm
BAR	Pass	4:45pm
BT	Pass	4:45pm

#### Blank Tests

Test	Status	Time
AIR	Pass	4:45pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:45pm

#### CRC Tests

Test	Status	Time
COMP	Pass	4:46pm
CAL	Pass	4:46pm

Preventive Maintenance Status: Pass



# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Ma	dison 1	Instrument Location <u>Mad</u>	dison Co.	Ja:1
Instrument Ser	rial No. <u>008599</u>	More	Shall , A	<u></u>
The preventive four months are	e maintenance procedures for the Intoxi	meters, Model Intox EC/IR	II to be followed	l at least once every
1.	Verify the ethanol gas canister displayed degrees, plus or minus .2 degree		ic breath simulat	or thermometer shows
2.	Verify instrument displays time and	date;		
3.	Initiate breath test sequence;			*
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appears,	collect breath sample;		
7.	When "PLEASE BLOW" appears,	collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canister simulator solution is being changed whichever occurs first.			
procedures we	on the <u>26</u> day of <u>Fe6</u> ere performed on the instrument indica of Health and Human Services, and the	ted above, in accordance wi	ith current regula	entive maintenance tions of the N.C.
STATE OF THE STATE	Discourse and the second secon			
THE QUAM VIDER		25		649
	Signatur	e of Certifying Official	Ce	rtificate Number

#### MADISON COUNTY MADISON COUNTY JAIL 560

Serial Number: 008599 Test Date: 02/26/2020

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BURNETTE, ANTHONY J
Permit Number: 11304E

Effective:

06/01/2019-06/01/2021

Officer's Name: NONE, Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG919902 Exp Date: 07/18/2021

Test	g/210L	Time
DIAG AIR BLK	Pass .00	4:02pm 4:03pm
ACCY CHK	.00	4:03pm
AIR BLK	.00	4:04pm
SUB TEST	.00	4:05pm
AIR BLK	.00	4:06pm
SUB TEST	.00	4:07pm
AIR BLK	.00	4:08pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### MADISON COUNTY MADISON COUNTY JAIL 560

Serial Number: 008599 Test Record Number: 1090 Test Date: 02/26/2020 Test Time: 4:08pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	4:09pm
FLO	Pass	4:09pm
FC	Pass	4:09pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	4:09pm
SRC	Pass	4:09pm
DET	Pass	4:09pm
BAR	Pass	4:09pm
BT	Pass	4:09pm

#### Blank Tests

Test	Status	Time
AIR	Pass	4:10pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:10pm
	CRC Tests	

Test	Status	Time
COMP	Pass	4:10pm
CAL	Pass	4:10pm

Preventive Maintenance Status: Pass

Analyst

## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	MARTIN Instrument Location MARTI	
Instrument S	Serial No. <u>008912</u> <u>305 F. MAW ST.</u>	Williamstow, N
The prevent four months	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be a re:	pe followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic brea 34 degrees, plus or minus .2 degree centigrade;	ath simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 A whichever occurs first.	
procedures	at on the Aday of FESTUATE, 2000, the fore were performed on the instrument indicated above, in accordance with cure of Health and Human Services, and the instrument is functioning properly	rent regulations of the N.C.
LOCKEAT ST. LTS.	TE ON ORDER	

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Signature of Certifying Official

#### MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008912 Test Date: 02/26/2020

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Keesler, Linda A

Permit Number: 0045-5468

Effective:

07/08/2019-07/08/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG814901 Exp Date: 05/29/2020

Test	g/210L	Time
DIAG	Pass	1:08pm
AIR BLK	00	1:08pm
ACCY CHK	.07	1:09pm
AIR BLK	.00	1:10pm
SUB TEST	.00	1:12pm
AIR BLK	.00	1:12pm
SUB TEST	.00	1:14pm
ATR BLK	. 00	1:15pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Janes Mayer

#### MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008912 Test Record Number: 1566
Test Date: 02/26/2020 Test Time: 1:16pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:16pm
FLO	Pass	1:16pm
FC	Pass	1:16pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:16pm
SRC	Pass	1:16pm
DET	Pass	1:16pm
BAR	Pass	1:16pm
BT	Pass	1:16pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:17pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:17pm

#### CRC Tests

Test	Status	Time
COMP	Pass	1:17pm
CAL	Pass	1:17pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	ecklenberg Instrument Location Pine Ville PD
Instrument Se	200703 /DIM CID IL
The preventiv	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department of	on the day of flored day of flored day of flored day, 20 the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	

#### MECKLENBURG COUNTY PINEVILLE PD 590

Serial Number: 008703 Test Date: 02/28/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Hays, Mark D Permit Number: 0011-3099

Effective:

11/13/2019-11/13/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG904301 Exp Date: 02/21/2021

Test	g/210L	Time
DIAG	Pass	1:02pm
AIR BLK	.00	1:03pm
ACCY CHK	.08	1:04pm
AIR BLK	.00	1:05pm
SUB TEST	.00	1:06pm
AIR BLK	.00	1:07pm
SUB TEST	.00	1:08pm
AIR BLK	.00	1:09pm

Reported AC: \.00 g/210L

Signature of Chemical Analyst

Court CVR/

Analyst

#### MECKLENBURG COUNTY PINEVILLE PD 590

Serial Number: 008703 Test Record Number: 5839 Test Date: 02/28/2020 Test Time: 1:10pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:10pm 1:10pm
FC	Pass	1:10pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:10pm
SRC	Pass	1:10pm
DET	Pass	1:10pm
BAR	Pass	1:10pm
BT	Pass	1:10pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:11pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:11pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:11pm 1:11pm

Preventive Maintenance Status: Pass

Analyst

## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Instrument Serial No. 008630 501 S. BARNES ST. NASHUILLE, N	سرد
mountained serial 110. See See See See See See See See See Se	Atrace.
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once four months are:	every
<ol> <li>Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometers</li> <li>degrees, plus or minus .2 degree centigrade;</li> </ol>	r show
2. Verify instrument displays time and date;	
3. Initiate breath test sequence;	
4. Enter information as prompted;	
5. Verify instrument accuracy;	
6. When "PLEASE BLOW" appears, collect breath sample;	
7. When "PLEASE BLOW" appears, collect breath sample;	
8. Print test record;	
9. Verify Diagnostic Program; and	
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic br simulator solution is being changed every four months or after 125 Alcoholic Breath Simulato whichever occurs first.	
I certify that on the	enance !.
Signature of Certifying Official  Certificate Numb	er

NASH COUNTY NASHVILLE PD 630

Serial Number: 008630 Test Date: 02/20/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Smith, Brian D Permit Number: 0032-6608

Effective:

07/09/2019-07/09/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG934303 Exp Date: 12/09/2021

Test	g/210L	Time
DIAG	Pass	1:02pm
AIR BLK	.00	1:03pm
ACCY CHK	.08	1:04pm
AIR BLK	.00	1:05pm
SUB TEST	.00	1:05pm
AIR BLK	.00	1:06pm
SUB TEST	.00	1:08pm
ATD BIK	0.0	1 • 0 9 mm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch

Department of Health and Human Services
Rev. 12/2007

#### NASH COUNTY NASHVILLE PD 630

Serial Number: 008630 Test Record Number: 4710 Test Date: 02/20/2020 Test Time: 1:11pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:11pm
FLO	Pass	1:11pm
FC	Pass	1:11pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:11pm
SRC	Pass	1:11pm
$\mathbf{DET}$	Pass	1:11pm
BAR	Pass	1:11pm
BT	Pass	1:11pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:12pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:12pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:12pm 1:12pm

Preventive Maintenance Status: Pass

Analyst

## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_WA	SH Instrument Location Rocky Mount PD
Instrument Seria	al No. 008740 #1 GOVERNMENT PZ ROCKY MINUNT, A
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	the <u>20</u> day of <u>FEBRUARY</u> , 20 <u>20</u> the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF MAN OF THE PARTY O	Signature of Certifying Official  637  Certificate Number

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008740 Test Date: 02/20/2020

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Smith, Brian D
Permit Number: 0032-6608
Effective:
07/09/2019-07/09/2021

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG919902 Exp Date: 07/18/2021

Test	g/210L	Time
DIAG	Pass	9:50am
AIR BLK	.00	9:51am
ACCY CHK	.07	9:52am
AIR BLK	.00	9:53am
SUB TEST	.00	9:54am
AIR BLK	.00	9:54am
SUB TEST	.00	9:56am
AIR BLK	.00	9:57am

Reperted AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008740 Test Record Number: 738

Test Time: 9:59am EST Test Date: 02/20/2020

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:59am
FLO	Pass	9:59am
FC	Pass	9:59am

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:59am
SRC	Pass	9:59am
DET	Pass	9:59am
BAR	Pass	9:59am
BT	Pass	9:59am

#### Blank Tests

Test	Status	'l'ıme
AIR	Pass	10:00am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:00am
	CRC Tests	

Test	Status	Time
COMP	Pass	10:00am
CAL	Pass	10:00am

Preventive Maintenance Status: Pass

## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_/	ASH Instrument Location Roxy Mount PD
Instrument Ser	ial No. DO 8-741 #1 COVERNMENT PL RUCKY MOUNT,
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures wer	the
OTHE STATE OF THE	Les Dantes 637
	Signature of Certifying Official Certificate Number

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008741 Test Date: 02/20/2020

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: Smith, Brian D Permit Number: 0032-6608 Effective:

07/09/2019-07/09/2021

Officer's Name: NONE, NONE Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG919902 Exp Date: 07/18/2021

Test	g/210L	Time
DIAG AIR BLK	Pass	9:49am 9:50am
ACCY CHK	.07	9:51am
AIR BLK	.00	9:52am
SUB TEST	.00	9:52am
AIR BLK	.00	9:54am
SUB TEST	.00	9:55am
AIR BLK	.00	9:56am

Reported AC:

Signature of Chemical Analyst

Court CVR

#### NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008741 Test Record Number: 2527 Test Date: 02/20/2020 Test Time: 10:00am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
and the second		
IR	Pass	10:00am
FLO	Pass	10:00am
FC	Pass	10:01am

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:01am
SRC	Pass	10:01am
DET	Pass	10:01am
BAR	Pass	10:01am
BT	Pass	10:01am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:01am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:01am
	CRC Tests	
Test	Status	Time

COMP Pass 10:01am CAL Pass 10:01am

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Nor	THAMPTON Instrument Location Alocation Co. SMERIFF'S OFFICE
Instrument S	erial No. 008688 105 W. JEFFEESONST. JACKSON, NC
The prevention four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department of	on the
THE STATE OF THE S	
	Signature of Certifying Official Certificate Number

### NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008688 Test Date: 02/19/2020

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Smith, Brian D Permit Number: 0032-6608

Effective:

07/09/2019-07/09/2021

Officer's Name: NONE, NONE Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG919902 Exp Date: 07/18/2021

Test	g/210L	Time
DIAG	Pass	1:22pm
AIR BLK	.00	1:23pm
ACCY CHK	07	1:23pm
AIR BLK	.00	1:24pm
SUB TEST	.00	1:25pm
AIR BLK	.00	1:26pm
SUB TEST	.00	1:28pm
AIR BLK	.00	1:28pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Anaiy

#### NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008688
Test Date: 02/19/2020

Test Record Number: 847
Test Time: 1:34pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:35pm
FLO	Pass	1:35pm
FC	Pass	1:35pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:35pm
SRC	Pass	1:35pm
DET	Pass	1:35pm
BAR	Pass	1:35pm
BT .	Pass	1:35pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:36pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:36pm
	CRC Tests	

Test	Status	Time
COMP	Pass	1:36pm
CAL	Pass	1:36pm

Preventive Maintenance Status: Pass

Analyst

## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Magy	Instrument Location Northamston Co. SHERIFF'S OF
Instrument Seri	al No. 008607 105 W. JEFFERSON ST. JACKSON, NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	the
OF THE STATE OF MANY 20 1773	Signature of Certifying Official Certificate Number

### NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008607 Test Date: 02/19/2020

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Smith, Brian D
Permit Number: 0032-6608

Effective:

07/09/2019-07/09/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG919902 Exp Date: 07/18/2021

Test	g/210L	Time
DIAG	Pass	1:17pm
AIR BLK	.00	1:18pm
ACCY CHK	.07	1:18pm
AIR BLK	.00	1:19pm
SUB TEST	.00	1:20pm
AIR BLK	.00	1:21pm
SUB TEST	.00	1:22pm
AIR BLK	.00	1:23pm

Reported AC: , .00 g/210L

Signature of Chemical Analyst

Court CVR

**Analyst** 

#### NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008607 Test Record Number: 1020 Test Date: 02/19/2020 Test Time: 1:24pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:25pm
FLO	Pass	1:25pm
FC	Pass	1:25pm

#### Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	1:25pm 1:25pm
DET	Pass	1:25pm
BAR	Pass	1:25pm
BT	Pass	1:25pm

#### Blank Tests

Test	Status	Time
	•	
AIR	Pass	1:25pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:25pm
	CRC Tests	į.
Test	Status	Time
COMP CAL	Pass Pass	1:26pm 1:26pm

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County E	Serial No. 008298 Jackson		F 12
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR	II An In Call and I and	
four months	are:	ii to be followed at lea	ist once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholi 34 degrees, plus or minus .2 degree centigrade;	ic breath simulator ther	mometer shov
2,	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;	v	•
7.	When "PLEASE BLOW" appears, collect breath sample;		
8,	Print test record;	* AL.	
9.	Verify Diagnostic Program; and		•
10.	Verify that the ethanol gas canister is being changed before expin simulator solution is being changed every four months or after 12 whichever occurs first.	ration date, or the alcol 25 Alcoholic Breath Si	holic breath mulator tests,
			- : i
procedures w	on the <b>20</b> day of <b>Fabrica</b> , 20 <b>20</b> , the ere performed on the instrument indicated above, in accordance with of Health and Human Services, and the instrument is functioning pro-		naintenance f the N.C.
	The state of the s		
		:	* .
TOP COMMY			
	mark	_ 665	
	Signature of Certifying Official	Certificate	Number

ONSLOW COUNTY BAT MOBILE 12 660

Serial Number: 008698 Test Date: 02/20/2020

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: Anderson, Mark G Permit Number: 0013-1517 Effective: 09/23/2019-09/23/2021

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG814901 Exp Date: 05/29/2020

rest	g/210F	Time
DIAG	Pass	1:09am
AIR BLK	.00	1:10am
ACCY CHK	.08	1:10am
AIR BLK	00	1:11am
SUB TEST	00	1:12am
AIR BLK	.00	1:13am
SUB TEST	.00	1:14am
AIR BLK	.00	1:15am

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Analyst

### ONSLOW COUNTY BAT MOBILE 12 660

Serial Number: 008698

Test Record Number: 1510 

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:18am
FLO	Pass	1:18am
FC	Pass	1:18am

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:18am
SRC	Pass	1:18am
DET	Pass	1:18am
BAR	Pass	1:18am
BT	Pass	1:18am

#### Blank Tests

Test	Status	Time	
ATR	Page	1.10=	**

#### Printer Tests

Test	Status	Time
PRNT	Pass 1:1	
	CRC Tests	
Test	Status	Time

4.0		
COMP	Pass	1:19am
CAL	Pass	1:19am

Preventive Maintenance Status: Pass

Analyst

May.

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	RANGE Instrument Location Chapel H.11 PD
Instrument Ser	ial No. 008856 828 Martin Letter King, Jr., Blud
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that or procedures wer Department of	the // day of February, 20 20 the forgoing preventive maintenance reperformed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Holes Shue- 642
	Signature of Certifying Official Certificate Number

ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008856 Test Date: 02/14/2020

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, STOKES
Permit Number: 11434E
Effective:
04/01/2019-04/01/2021

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG933703 Exp Date: 12/03/2021

Test	g/210L	Time
DIAG	Pass	9:04am
AIR BLK	.00	9:05am
ACCY CHK	.08	9:05am
AIR BLK	.00	9:06am
SUB TEST	.00	9:07am
AIR BLK	.00	9:08am
SUB TEST	.00	9:09am
ATR BLK	. 0.0	9:10am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008856 Test Record Number: 2599
Test Date: 02/14/2020 Test Time: 9:11am EST

System Check: Passed

## Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	9:11am 9:11am
FC	Pass	9:12am

## Temperature Tests

Test	Status	Time
FC1	Pass	9:12am
SRC	Pass	9:12am
DET	Pass	9:12am
BAR	Pass	9:12am
BT	Pass	9:12am

## Blank Tests

Test	Status	Time
AIR	Pass	9:12am

## Printer Tests

Test	Status	Time
PRNT	Pass	9:12am
	CRC Tests	
Test	Status	Time

Test	Status	Time
COMP	Pass	9:13am
CAL	Pass	9:13am

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	ORANGE	Instrument Location Chapal	1 HILL PD
Instrume	ent Serial No. <u>(2/2) &amp; 8 3 9</u>	828 Martin Latter 16	Ing To Ras
		Chapel Hill, NC	
The prev	ventive maintenance procedures for the nths are:	Intoximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d	r displays pressure, or the alcoholic but legree centigrade;	reath simulator thermometer show
2.	Verify instrument displays tin	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	d;	
5.	Verify instrument accuracy;		•
6.	When "PLEASE BLOW" ap	pears, collect breath sample;	
7.	When "PLEASE BLOW" ap	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; a	nd	
10.		nister is being changed before expiration anged every four months or after 125	
procedur	that on theday ofes were performed on the instrument in ent of Health and Human Services, and	idicated above, in accordance with cur	rent regulations of the N.C.
CALL GREAT SE	STATE OF VORTER CONTROL OF VOR		
	1) 1000	nature of-Certifying Official	Certificate Number

ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008839 Test Date: 02/14/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, STOKES

Permit Number: 11434E

Effective:

04/01/2019-04/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG933703 Exp Date: 12/03/2021

Test	g/210L	Time
DIAG	Pass	8:52am
AIR BLK	.00	8:53am
ACCY CHK	.08	8:54am
AIR BLK	.00	8:55am
SUB TEST	.00	8:55am
AIR BLK	.00	8:56am
SUB TEST	.00	8:58am
AIR BLK	.00	8:59am

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

## ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008839 Test Record Number: 2140 Test Date: 02/14/2020 Test Time: 9:00am EST

System Check: Passed

## Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	9:00am 9:00am
FC	Pass	9:00am

## Temperature Tests

Test	Status	Time
FC1	Pass	9:00am
SRC	Pass	9:00am
DET	Pass	9:00am
BAR	Pass	9:00am
BT	Pass	9:00am

## Blank Tests

Test	Status	Time
AIR	Pass	9:01am

## Printer Tests

Test	Status	Time
PRNT	Pass	9:01am

## CRC Tests

Test	Status	Time
COMP	Pass	9:01am
CAL	Pass	9:01am

Preventive Maintenance

Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County OR F	ANGE	Instrument	Location_Hillsboyon	ush PD
Instrument Seri	al No. <u>008799</u>	127 N.	Chuta ST	Hillsborough, NC
The preventive four months are	maintenance procedures for the I	ntoximeters, Mo	del Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de			simulator thermometer show
2.	Verify instrument displays time	e and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted	;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appo	ears, collect brea	th sample;	
7.	When "PLEASE BLOW" appo	ears, collect brea	nth sample;	
8.	Print test record;			· .
9.	Verify Diagnostic Program; and	d		
10.	Verify that the ethanol gas can simulator solution is being char whichever occurs first.			
I certify that on procedures were Department of I	the 25 day of 64 day of 44 day of 45	icated above, in the instrument is	, 20 2 0 the forg accordance with current functioning properly.	oing preventive maintenance regulations of the N.C.
STATE OF STA	Sign Sign	ature of Certify	Alues ing Official	Certificate Number

#### ORANGE COUNTY HILLSBOROUGH PD 670

Serial Number: 008799 Test Date: 02/25/2020

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, STOKES
Permit Number: 11434E
Effective:

04/01/2019-04/01/2021

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG920301 Exp Date: 07/22/2021

Test	g/210L	Time
DIAG AIR BLK	Pass	1:53pm 1:53pm
ACCY CHK	.08	1:54pm
AIR BLK	.00	1:55pm
SUB TEST	.00	1:56pm
AIR BLK	.00	1:56pm
SUB TEST	.00	1:58pm
AIR BLK	.00	1:59pm

Reported AC: \_\_00\_g/210L

Signature of Chemical Analyst

Court CVR

## ORANGE COUNTY HILLSBOROUGH PD 670

Serial Number: 008799 Test Record Number: 3156
Test Date: 02/25/2020 Test Time: 2:00pm EST

System Check: Passed

## Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	2:01pm 2:01pm
FC	Pass	2:01pm

## Temperature Tests

Test	Status	Time
FC1	Pass	2:01pm
SRC	Pass	2:01pm
DET	Pass	2:01pm
BAR	Pass	2:01pm
BT	Pass	2:01pm

### Blank Tests

Test	Status	Time
AIR	Pass	2:01pm

## Printer Tests

Test	Status	Time
PRNT	Pass	2:02pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:02pm

Pass

2:02pm

Preventive Maintenance Status: Pass

CAL

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	ORANGE Instrument Location Chapel Hill PD
Instrume	nt Serial No. 008873 828 Martin Lether King J. Blub
	Chapel Hill, NE
The prev	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every ths are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	hat on the
SE S	Signature of Certifying Official  Certificate Number

ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008873 Test Date: 02/25/2020

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, STOKES
Permit Number: 11434E
Effective:
04/01/2019-04/01/2021

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG933703 Exp Date: 12/03/2021

g/210L	Time
Pass .00	11:15am 11:15am
.08	11:16am
.00	11:17am
.00	11:17am
.00	11:18am
.00	11:20am
.00	11:21am
	Pass .00 .08 .00 .00

Reported AC: \_\_.00 g/210L

Signature of Chemical Analyst

Court CVR

## ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008873 Test Record Number: 1832 Test Date: 02/25/2020 Test Time: 11:21am EST

System Check: Passed

## Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:21am 11:21am
FC	Pass	11:21am

## Temperature Tests

Test	Status	Time
FC1	Pass	11:21am
SRC	Pass	11:21am
DET	Pass	11:21am
BAR	Pass	11:21am
BT	Pass	11:21am

## Blank Tests

Test	Status	Time
AIR	Pass	11:22am

## Printer Tests

Test	Status	Time
PRNT	Pass	11:22am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:22am 11:22am

Preventive Maintenance Status: Pass

Analyst 7

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County ORV	ange	Instrument Location Hil	Isborough	<u>B</u>
Instrument Seri	al No. <u>008524</u>	127 N. Chuton	57 4/1/sb	erwyk 20 ·
The preventive four months are	maintenance procedures for the Int	oximeters, Model Intox EC/IF	II to be followed	at least once every
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg		lic breath simulate	or thermometer shows
2.	Verify instrument displays time	and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appear	rs, collect breath sample;		
7.	When "PLEASE BLOW" appear	ars, collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program; and		,	
10.	Verify that the ethanol gas canisi simulator solution is being chang whichever occurs first.			
	the day of e performed on the instrument indic Health and Human Services, and th			ventive maintenance ons of the N.C.
THE STATE OF THE S	Some States	SACKS ture of Certifying Official		tificate Number
	Signa	rate of Certifying Official	Cer	inicate munider

## ORANGE COUNTY HILLSBOROUGH PD 670

Serial Number: 008924 Test Date: 02/17/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, STOKES

Permit Number: 11434E

Effective:

04/01/2019-04/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG911501 Exp Date: 04/25/2021

Test	g/210L	Time
DIAG	Pass	9:32am
AIR BLK	.00	9:32am
ACCY CHK	.08	9:33am
AIR BLK	.00	9:34am
SUB TEST	.00	9:34am
AIR BLK	.00	9:35am
SUB TEST	.00	9:37am
ATD BILK	0.0	9 · 37am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services

Rev. 12/2007

## ORANGE COUNTY HILLSBOROUGH PD 670

Serial Number: 008924 Test Record Number: 1527

System Check: Passed

## Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	9:38am 9:38am
FC	Pass	9:38am

## Temperature Tests

Test	Status	Time
FC1	Pass	9:38am
SRC	Pass	9:38am
DET	Pass	9:38am
BAR	Pass	9:38am
BT	Pass	9:38am

## Blank Tests

Test	Status	Time
AIR	Pass	9:39am

### Printer Tests

Test	Status	Time
PRNT	Pass	9:39am
	CRC Tests	
Test	Status	Time
COMP	Pass	9:39am

Preventive Maintenance Status: Pass

Pass

9:39am

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 6	Instrument Location Tergumans (D. ).
Instrument Ser	rial No. 008921 110 Church St., Hertford, N.C.
The preventive four months as	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
I certify that procedures w Department	on theday of
THE STATE	



Signature of Certifying Official

Certificate Number

## PERQUIMANS COUNTY PERQUIMANS CO SO 710

Serial Number: 008921 Test Date: 02/03/2020

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G Permit Number: 12955E Effective:

06/01/2019-06/01/2021

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG919901 Exp Date: 07/18/2021

m - - -

Test	g/210L	Time
DIAG	Pass	11:47am
AIR BLK	.00	11:48am
ACCY CHK	.08	11:48am
AIR BLK	.00	11:49am
SUB TEST	.00	11:50am
AIR BLK	.00	11:51am
SUB TEST	.00	11:52am
AIR BLK	.00	11:53am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

## PERQUIMANS COUNTY PERQUIMANS CO SO 710

Serial Number: 008921 Test Record Number: 915 Test Date: 02/03/2020 Test Time: 11:56am EST

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	11:56am
FLO	Pass	11:56am
FC	Pass	11:57am

## Temperature Tests

Test	Status	Time
FC1	Pass	11:57am
SRC	Pass	11:57am
DET	Pass	11:57am
BAR	Pass	11:57am
BT	Pass	11:57am

### Blank Tests

Test	Status	Time
AIR	Pass	11:57am

## Printer Tests

Status

Time

Test

PRNT	Pass	<b>11:</b> 57am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:58am 11:58am

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Per	Instrument Location Person Co LEC
Instrument Seria	al No. 008880 120 COURT 51 ROXBURD, NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of H	the <u>26</u> day of <u>February</u> , 20 <u>20</u> the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. lealth and Human Services, and the instrument is functioning properly.
THE STATE OF A	Signature of Certifying Official  Certificate Number

PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008880 Test Date: 02/26/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BARNES, STOKES

Permit Number: 11434E

Effective:

04/01/2019-04/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG821801 Exp Date: 08/06/2020

Test	g/210L	Time
DIAG	Pass	8:45am
AIR BLK	.00	8:46am
ACCY CHK	.07	8:47am
AIR BLK	.00	8:48am
SUB TEST	.00	8:48am
AIR BLK	.00	8:49am
SUB TEST	.00	8:51am
AIR BLK	.00	8:52am

Reported AC: \_\_09 g/210L

Signature of Chemical Analyst

Court CVR

## PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008880 Test Record Number: 1573
Test Date: 02/26/2020 Test Time: 8:52am EST

System Check: Passed

## Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	8:53am 8:53am
FC	Pass	8:53am

## Temperature Tests

Test	Status	Time
FC1	Pass	8:53am
SRC	Pass	8:53am
DET	Pass	8:53am
BAR	Pass	8:53am
BT	Pass	8:53am

## Blank Tests

Test	Status	Time	
AIR	Pass	8:53am	

## Printer Tests

Test	Status	Time
PRNT	Pass	8:53am

## CRC Tests

Test	Status	Time
COMP	Pass	8:54am
CAL	Pass	8:54am

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Penson	_ Instrument Locatio	n <u>Pe</u>	150m	Co	LEC	
Instrument	Serial No. <u>008693</u>	120 Cour	- 51	R	0×1301	ພຸນເ	
The prevent	tive maintenance procedures for the s are:	Intoximeters, Model Into	ox EC/IR	II to be	followe	d at least once	every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d		e alcohol	ic breat	h simula	tor thermomet	er show
2.	Verify instrument displays tin	ne and date;					
3.	Initiate breath test sequence;						
4.	Enter information as prompted	d;					
5.	Verify instrument accuracy;						
6.	When "PLEASE BLOW" app	When "PLEASE BLOW" appears, collect breath sample;					
7.	When "PLEASE BLOW" appears, collect breath sample;						
8.	Print test record;						
9.	Verify Diagnostic Program; a	nd					
10.	Verify that the ethanol gas car simulator solution is being cha whichever occurs first.						
	t on the day of day of were performed on the instrument in of Health and Human Services, and				going pre t regulati	eventive maint ons of the N.C	tenance C.
STA STA CREAT CO. TO STAN STAN STAN STAN STAN STAN STAN STAN	D fold	nature of Certifying Off	 icial	_	Ce	CC 2-	oer .

PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008693 Test Date: 02/26/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, STOKES

Permit Number: 11434E

Effective:

04/01/2019-04/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG821801 Exp Date: 08/06/2020

Test	g/210L	Time
DIAG	Pass	8:44am
AIR BLK	.00	8:45am
ACCY CHK	.07	8:45am
AIR BLK	.00	8:46am
SUB TEST	.00	8:48am
AIR BLK	.00	8:49am
SUB TEST	.00	8:50am
AIR BLK	.00	8:51am

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008693 Test Re Test Date: 02/26/2020 Test T

Test Record Number: 1666
Test Time: 8:52am EST

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	8:52am
FLO	Pass	8:52am
FC	Pass	8:52am

## Temperature Tests

Test	Status	Time
FC1	Pass	8:52am
SRC	Pass	8:52am
DET	Pass	8:52am
BAR	Pass	8:52am
$\mathtt{BT}$	Pass	8:52am

## Blank Tests

Test	Status	Time
AIR	Pass	8:53am

### Printer Tests

Status	Time
Pass	8:53am
CRC Tests	
Status	Time
	Pass CRC Tests

8:53am

8:53am

Preventive Maintenance Status: Pass

Pass

Pass

COMP

CAL

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County P	H Instrument Location Ayden P.D.
Instrument Seria	INO. DOBLOLOGO 4144 West Ave. Ayden, N.C.
	, ,
The preventive r	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	theday of February, 2070, the foregoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF A STATE O	Signature of Certifying Official  Certificate Number

PITT AYDEN PD 730

Serial Number: 008666 Test Date: 02/04/2020

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G
Permit Number: 12955E
Effective:
06/01/2019-06/01/2021

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG814901 Exp Date: 05/29/2020

Test	g/210L	Time
DIAG AIR BLK	Pass	10:40am 10:41am
ACCY CHK	.08	10:41am
AIR BLK	.00	10:42am
SUB TEST	.00	10:43am
AIR BLK	.00	10:44am
SUB TEST	.00	10:45am
AIR BLK	.00	10:46am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Analyst

## PITT AYDEN PD 730

Serial Number: 008666

Test Record Number: 1154

Test Date: 02/04/2020

Test Time: 10:47am EST

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	10:47am
FLO	Pass	10:47am
FC	Pass	10:48am

## Temperature Tests

Test	Status	Time
FC1	Pass	10:48am
SRC	Pass	10:48am
DET	Pass	10:48am
BAR	Pass	10:48am
BT	Pass	10:48am

### Blank Tests

Test	Status	Time	
AIR	Pass	10:48am	

## Printer Tests

Test	Status	Time
PRNT	Pass	10:48am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:49am

Preventive Maintenance Status: Pass

Pass

10:49am

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Pi	Instrument Location Pitt (a Detention (e)
Instrument Seria	INO. 00 8/04/6 124 Detention Dr., Greenville, N.
The preventive r	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of	theday of, 2020, the foregoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
OTHE STATE OF A STATE	Signature of Certifying Official Certificate Number

## PITT COUNTY PITT CO DETENTION 730

Serial Number: 008646 Test Date: 02/14/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

06/01/2019-06/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG902201 Exp Date: 01/22/2021

Test	g/210L	Time
DIAG	Pass	11:04am
AIR BLK	00	11:04am
ACCY CHK	.08	11:05am
AIR BLK	.00	11:06am
SUB TEST	.00	11:07am
AIR BLK	.00	11:07am
SUB TEST	.00	11:09am
AIR BLK	.00	11:10am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## PITT COUNTY PITT CO DETENTION 730

Serial Number: 008646 Test Record Number: 3975

Test Date: 02/14/2020 Test Time: 11:11am EST

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	11:12am
FLO	Pass	11:12am
FC	Pass	11:12am

## Temperature Tests

Test	Status	Time
FC1	Pass	11:12am
SRC	Pass	11:12am
DET	Pass	11:12am
BAR	Pass	11:12am
BT	Pass	11:12am

### Blank Tests

Test	Status	Time
AIR	Pass	11:12am

## Printer Tests

Test	Status	Time
PRNT	Pass	11:12am

### CRC Tests

Test	Status	Time
COMP	Pass	11:13am
CAL	Pass	11:13am

Preventive Maintenance Status: Pass

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOAMETERS, MODEL INTOX EC/IR II		
County P. 1	Instrument Location Pitt Co. Detention (4		
Instrument Seri	al No. OU 8/0/02 124 Detention Dr., Greenville,		
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
	theday of		
STATE OF STA			
APRIL 12, 17th	Signature of Certifying Official Certificate Number		

## PITT COUNTY PITT CO DETENTION 730

Serial Number: 008662 Test Date: 02/14/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

06/01/2019-06/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG902201

Exp Date: 01/22/2021

Test	g/210L	Time
DIAG	Pass	11:20am
AIR BLK	.00	11:21am
ACCY CHK	.08	11:21am
AIR BLK	.00	11:22am
SUB TEST	.00	11:23am
AIR BLK	.00	11:24am
SUB TEST	.00	11:25am
AIR BLK	.00	11:26am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

## PITT COUNTY PITT CO DETENTION 730

Serial Number: 008662 Test Record Number: 1143
Test Date: 02/14/2020 Test Time: 11:28am EST

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	11:28am
FLO	Pass	11:28am
FC	Pass	11:28am

## Temperature Tests

Status	Time
Pass	11:28am
	Pass Pass Pass Pass

## Blank Tests

Test	Status	Time
AIR	Pass	11:29am

## Printer Tests

	*	
Test	Status	Time
PRNT	Pass	11:29am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:29am 11:29am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County C	ANCOON Co. Instrument Location ARCholale Police Dept.
Instrument Se	NO - 101
The preventive four months a	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the <u>36</u> day of <u>Fe bruney</u> , 20, 20, the foregoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
THE CHANNE	Signature of Certifying Official Certificate Number

#### RANDOLPH COUNTY ARCHDALE PD 750

Serial Number: 008791 Test Date: 02/26/2020

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Keesler, Grayham C
Permit Number: 0045-5487
Effective:
11/04/2019-11/04/2021

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG933703 Exp Date: 12/03/2021

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	12:48pm 12:48pm 12:49pm
AIR BLK	.00	12:50pm
SUB TEST	.00	12:51pm
AIR BLK	.00	12:52pm
SUB TEST	.00	12:53pm
AIR BLK	.00	12:54pm

Reported M: .00 g/2101

Signature of Chemical Analyst

Court CVR

A SA

## RANDOLPH COUNTY ARCHDALE PD 750

Serial Number: 008791 Test Record Number: 1372 Test Date: 02/26/2020 Test Time: 12:55pm EST

System Check: Passed

## Baseline Tests

Test	Status	Time
IR FLO	Pass	12:55pm
FC	Pass Pass	12:55pm 12:55pm
1 0	rabb	TZ . J J PIII

## Temperature Tests

Test	Status	Time
FC1	Pass	12:55pm
SRC	Pass	12:55pm
DET	Pass	12:55pm
BAR	Pass	12:55pm
BT	Pass	12:55pm

## Blank Tests

Test	Status	Time
ATR	Pass	12:56pm

## Printer Tests

Test	Status	Time
PRNT	Pass	12:56pm
	CRC Tests	

Test	Status	Time
COMP	Pass	12:56pm
CAL	Pass	12:56pm

Preventive Maintenance /Status: Pass

**-**X

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County	Speson Co. Instrument Location ST Pauls Police Dept.
Instrument S	erial No. 008814 57 Pauls, MC
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
-	on the
TARE BUT OF THE STATE OF THE ST	Signature of Certifying Official Certificate Number

ROBESON COUNTY ST PAULS PD 770

Serial Number: 008814 Test Date: 02/25/2020

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Keesler, Grayham C

Permit Number: 0045-5487

Effective:

11/04/2019-11/04/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG911506 Exp Date: 04/25/2021

Test	g/210L	Time
DIAG	Pass	1:55pm
AIR BLK	.00	1:56pm
ACCY CHK	.08	1:57pm
AIR BLK	.00	1:58pm
SUB TEST	.00	1:59pm
AIR BLK	.00	2:00pm
SUB TEST	.00	2:01pm
ATD BLK	በበ	2 • 0.2 mm

Reported AC: 1.00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Analyst

#### ROBESON COUNTY ST PAULS PD 770

Test Record Number: 685 Serial Number: 008814

Test Date: 02/25/2020 Test Time: 2:03pm EST

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	2:04pm
FLO	Pass .	2:04pm
FC	Pass	2:04pm

## Temperature Tests

Test	Status	Time
FC1	Pass	2:04pm
SRC	Pass	2:04pm
DET	Pass	2:04pm
BAR	Pass	2:04pm
BT	Pass	2:04pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:05pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:05pm

#### CRC Tests

Test	Status	Time
COMP	Pass	2:05pm
CAL	Pass	2:05pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location Instrument Serial No. The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; 6. 7. When "PLEASE BLOW" appears, collect breath sample; Print test record; 8. 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Signature of Certifying Official

Certificate Number

ROBESON COUNTY PEMBROKE POLICE DEPT 770

Serial Number: 008837 Test Date: 02/25/2020

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Keesler, Grayham C Permit Number: 0045-5487

Effective:

11/04/2019-11/04/2021

Officer's Name: NONE, NONE Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG911506 Exp Date: 04/25/2021

Test	g/210L	Time
DIAG	Pass	1:02pm
AIR BLK	. 0.0	1:02pm
ACCY CHK	.08	1:03pm
AIR BLK	.00	1:04pm
SUB TEST	.00	1:05pm
AIR BLK	.00	1:06pm
SUB TEST	.00	1:07pm
ATR BLK	. 0.0	1 • 0.8 m

Reported ACA . 8

.ø0 /g/210I

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Analyst

#### ROBESON COUNTY PEMBROKE POLICE DEPT 770

Serial Number: 008837 Test Record Number: 1064
Test Date: 02/25/2020 Test Time: 1:09pm EST

System Check: Passed

## Baseline Tests

Test	Status	Time
	<b></b>	
	Pass	1:10pm
FLO	Pass	1:10pm
FC	Pass	1:10pm

#### Temperature Tests

Test		Status	Time
FC1		Pass	1:10pm
SRC		Pass	1:10pm
DET		Pass	1:10pm
BAR		Pass	1:10pm
BT	11 m	Pass	1:10pm

#### Blank Tests

Test	Status Time
AIR	Pass 1:10pm

## Printer Tests

Test	Status	Time
PRNT	Pass	1:10pm

## CRC Tests

Test	Status	Time	
COMP	Pass	1:11pm	
CAL	Pass	1:11pm	

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record: 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. the foregoing preventive maintenance

I certify that on the \_\_\_\_\_\_\_day of \_\_\_\_\_\_\_, 20\_\_\_\_\_\_\_, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Signature of Certifying Official

Certificate Number

ROBESON COUNTY RED SPRINGS PD 770

Serial Number: 008857 Test Date: 02/25/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Keesler, Grayham C

Permit Number: 0045-5487

Effective:

11/04/2019-11/04/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

Lot Number: AG902201 Exp Date: 01/22/2021

Test	g/210L	Time
DIAG	Pass	12:17pm
AIR BLK	.00	12:17pm
ACCY CHK	.08	12:18pm
AIR BLK	.00	12:19pm
SUB TEST	.00	12:20pm
AIR BLK	.00	12:21pm
SUB TEST	.00	12:22pm
ATR BLK	. 00	12:23pm

Reported AC, .0% g/2101

Signature of Chemical Analyst

Court CVR

Analyst

#### ROBESON COUNTY RED SPRINGS PD 770

Serial Number: 008857 Test Record Number: 579
Test Date: 02/25/2020 Test Time: 12:25pm EST

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	12:25pm
FLO	Pass	12:25pm
FC	Pass	12:25pm

## Temperature Tests

Status	Time
Pass	12:25pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	12:26pm

## Printer Tests

Test	Status	Time
PRNT	Pass	12:26pm

#### CRC Tests

Test	Status	Time
COMP	Pass	12:26pm
CAL	Pass	12:26pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTUALWELERS, MUDEL INTOX EC/IR II
County K	DWan Instrument Location China Grove Pl
Instrument Seria	al No. 008862 Ching Grove, NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures wer	the
STATE OF THE STATE	Signature of Certifying Official  Certificate Number

#### ROWAN COUNTY CHINA GROVE PD 790

Serial Number: 008862 Test Date: 02/20/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: *BURNETTE, ANTHONY J*Permit Number: 11304E

Effective:

06/01/2019+06/01/2021

Officer's Name: NONE, Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG821401 Exp Date: 08/02/2020

Test	g/210L Ti	me 🎺
DIAG	Pass 11	:44am
AIR BLK	.00 11	;45am
ACCY CHK	.08 11	:45am
AIR BLK	.00. 11	:46am
SUB TEST	.00	:47am
AIR BLK	.00 11	:48am
SUB TEST	.00 11	:49am
ATD DIV	nn 11	• 5.1 am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

SEAST SECTION SECTION SE

Analyst

## ROWAN COUNTY CHINA GROVE PD 790

Serial Number: 008862 Test Record Number: 887
Test Date: 02/20/2020 Test Time: 11:51am EST

System Check: Passed

#### Baseline Tests

Test	Status Time
IR	Pass 11:52am
FLO	Pass 11:52am
FC	Pass 11:52am.

## Temperature Tests

Test	Status	Time
<b>201</b>		
FC1	Pass Pass	11:52am. 11:52am
DET	Pass	11 <b>52an</b>
BAR	Pass	11:52am
BT	Pass	11:52am

#### Blank Tests

TOTAL				- 16.13	10
Test	(	atus	Tim		
	error en		the Property of the	Sec. 12.	12:00:01
		· 高州 (大學) (漢如為)	17.	100	37 Fig. 2
V 1111	化电路装置 经货币帐户		5 1 5 C C C C C C C C C C C C C C C C C	5 40 0	The Park
A 10	たて 対対 (4年) おり	Property Const		100	S 1 1
		1. The second	4.0		331.6
AIR	Pa	<b>a</b> a	11:	T AZ	21 TY
T-T-17	T (21)	DD	All All Server	200	4.11
	di megalah sebagai	and the second second	Contract of the second	1. W. C.	7.29

#### Printer Tests

To at			, m	i me	4 *1	*
Test	, DL	atus	1	TIIIC	强强:	1
The Control	an gar		$(x_1, \dots, x_N)$	1950	数线	1
PRNT	Pa	SS	7.7	1 . 15	96	m
	188 E.E.					4
	1		Control of the Control	使開		3.54

#### CRC Tests

Test	Sta	tus	Ţi	me		
COMP	Pas	S	11	1病	Rai	n
CAL	Pas	8.4	11			h

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County R	Instrument Location Salisbury PD
Instrument Seria	Instrument Location $\frac{5a/.5bv/y}{5a/.5bv/y}$ al No. $\frac{008868}{5a/.5bv/y}$
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of	theday of
STATE OF A	Signature of Certifying Official Certificate Number

ROWAN COUNTY SALISBURY PD 790

Serial Number: 008868 Test Date: 02/20/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

06/01/2019-06/01/2021

Officer's Name: NONE,
Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG933703 Exp Date: 12/03/2021

Test	g/210L Time
DIAG	Pass 10:42am
AIR BLK	.00 10:43am
ACCY CHK	.08 10:44am
AIR BLK	.00 10:45am
SUB TEST	.00 10:46am
AIR BLK	.00 10:47am
SUB TEST	.00 10:49am
ATR BIK	00 10 49am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### ROWAN COUNTY SALISBURY PD 790

Serial Number: 008868 Test Record Number: 3106 Test Date: 02/20/2020 Test Time: 10:50am EST

System Check: Passed

## Baseline Tests

Test	Stati	ıs T	Cime	
<b>国际</b> 基础				
IR	Pass		10 : 5:	1am
FLO	Pass		10:5:	lam.
FC	Pass	ingl	LO: 5	lam

#### Temperature Tests

Test		Stati	is '''	I 1 me	<b>州</b> 科斯二萬
<b>公司的</b>			對關於的影	<b>设持位</b>	Marketon A
40.01	110 200 TO 110 TO 1		<b>解隐形的</b> 。	重轉數	<b>企</b> 計值
FOI:	開始自身	Pass	被胜独深	AU to the	lam
SRC	<b>建作品</b>	Pass	Season Charles	100	1am
· 二氯酰素环 第1		$D_{ij} = D_{ij} \cup D_{ij}$	しつしび とままてから	127. 574	ATTRICT OF THE
PIP	福港村上	Pass			lam,
BAR	<b>随机:</b> 1000.	Pass	والمتحول والمتحاد	10 c 5	lam
ВТ		Pass	100	San State Comment	1am
	が思う。これ	r a a a ,	机器 高级	极情。只	TOTIL

#### Blank Tests

Test	سنته والمراجع	a Mark Color	21.2
	10.18年日春	<b>北京学</b> 集(1) (1) (1)	
· 、 对 是		The same of the same of	120000000000000000000000000000000000000

<ul> <li>1. Control Programme 4 (1997)</li> </ul>			1.6		1 1 2 1	F 400 435 1	M17 14
to the second second second	100			275	2	Z	200
ATR	4 47	ບລ	99	100		0.5	2 mm

## Printer Tests

	Caralla Cillia Arthur Aren	<ul> <li>A. C. C. C. L. L.</li> </ul>	** data (1)	2.2	1.0	- b	78 Sec.
	Test		خلاف المساحث	100	6 71 YOU THE 2	1221	
٠,	to the second of the second of the second	在一个时间 化邻苯酚	1117		10.00	COST TO	•

PRNT Pass 10:52am

## CRC Tests

Bullion of the Control		10 mg	. 30 (0.1)			المكلب	12 11/12
Test	angelog (	- St	atu	<b>a</b> .	e uko e	ापार् भे	mo

COMP Pass 10:52am CAL Pass 10:52am

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

(	INTOXIMETERS, MODEL INTOX EC/IR II
County	The Instrument Location Salisbury PO
Instrument Se	rial No. 008835 Instrument Location Salisbury NC
The preventiv	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1,	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that a procedures w	on the
THE STATE OF THE S	CAROLLI CAROLL

ROWAN COUNTY SALISBURY PD 790

Serial Number: 008835 Test Date: 02/20/2020

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

06/01/2019-06/01/2021

Officer's Name: NONE, Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG933703 Exp Date: 12/03/2021

Test	g/210L	Time
DIAG	Pass	10:43am
AIR BLK	.00	10:44am
ACCY CHK	.08	10:45am
AIR BLK	.00	10:46am
SUB TEST	.00	10:47am
AIR BLK	.00	10:48am
SUB TEST	.00	10:50am
AIR BLK	.00	10:51am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## ROWAN COUNTY SALISBURY PD 790

Test Record Number: 2482 Test Time: 10:52am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:52am
FLO	Pass	10:52am
FC	Pass	10:52am

## Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	10:52am 10:52am 10:52am 10:52am 10:52am

## Blank Tests

Test	Status	Time
AIR	Pass	10:53am

## Printer Tests

Test	Status	Time
PRNT	Pass	10:53am
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	10:53am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	1NIOXIMETERS, MODEL INTOXECTRIA  1 tokes Instrument Location Ling Police
Instrument S	erial No. 008610 Department
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures v Department	t on theday of
THE STATE OF THE S	Signature of Certifying Official Certificate Number

STOKES COUNTY KING P D 840

Serial Number: 008610 Test Date: 02/21/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX Driver's License Number: NONE

> Analyst's Name: BENFIELD II, KENNETH R Permit Number: 22067E Effective: 06/01/2018-06/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG821401 Exp Date: 08/02/2020

Test	g/210L	Time
DIAG AIR BLK	Pass	12:26pm 12:27pm
ACCY CHK	.08	12:27pm
AIR BLK	.00	12:28pm
SUB TEST	.00	12:29pm
AIR BLK	.00	12:30pm
SUB TEST	.00,	12:32pm
AIR BLK	.96	12:32pm

Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures **Forensic Tests for Alcohol Branch Department of Health and Human Services** 

Rev. 12/2007

#### STOKES COUNTY KING P D 840

Serial Number: 008610

Test Record Number: 2112

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:34pm
FLO	Pass	12:34pm
FC	Pass	12:34pm

## Temperature Tests

Test	Status	Time
FC1	Pass	12:35pm
SRC	Pass	12:35pm
DET	Pass	12:35pm
BAR	Pass	12:35pm
BT	Pass	12:35pm

#### Blank Tests

Test	Status	Time

AIR Pass 12:35pm

#### Printer Tests

Test	Status	Time

PRNT Pass 12:35pm

#### CRC Tests

Test	Status	Time
COMP	Dagg	12.35pm

CAL Pass 12:35pm

Preventive Maintenance Status: Pass

## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

****	INTOXIMETERS, MODEL INTOX EC/IR II
County	YRKELL Instrument Location // MACL CO. S. D
Instrument Se	rial No. 008902 412 Mail ST., Columbia, N.C.
The preventiv	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures we	on the day of Forwary, 2000, the foregoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
Ornic STATE O	



Signature of Certifying Official

Certificate Number

TYRRELL COUNTY SHERIFF'S OFFICE 880

Serial Number: 008902 Test Date: 02/14/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Keesler, Linda A

Permit Number: 0045-5468

Effective:

07/08/2019-07/08/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG919901 Exp Date: 07/18/2021

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	1:22pm 1:23pm 1:23pm
AIR BLK	.00	1:25pm
SUB TEST	.00	1:25pm
AIR BLK	.00	1:26pm
SUB TEST	.00	1:27pm
AIR BLK	.00	1:28pm

Reported AC:

00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## TYRRELL COUNTY SHERIFF'S OFFICE 880

Serial Number: 008902 Test Record Number: 882 Test Date: 02/14/2020 Test Time: 1:29pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:29pm
FLO	Pass	1:29pm
FC	Pass	1:29pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:29pm
SRC	Pass	1:29pm
DET	Pass	1:29pm
BAR	Pass	1:29pm
BT	Pass	1:29pm

#### Blank Tests

Test	Status	Time
ATR	Pass	1:30pm

#### Printer Tests

Status

Time

1:30pm

Test

COMP

PRNT	Pass	1:30pm
	CRC Tests	
Test	Status	Time

CAL Pass 1:30pm
Preventive Maintenance

Pass

Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County ANC		Instrument Location VAUCE	CO. SHERIFF'S OFFICE
Instrument Serial	INO. 008870	156 CHURCH ST.	HENDERSON NC
The preventive m four months are:	naintenance procedures for the In	toximeters, Model Intox EC/IR II t	to be followed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg		preath simulator thermometer shows
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appear	ars, collect breath sample;	
7.	When "PLEASE BLOW" appear	ars, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.		ster is being changed before expirat ged every four months or after 125	
	performed on the instrument indi	cated above, in accordance with cure instrument is functioning proper	rrent regulations of the N.C.
THE STATE OF A CONTROL OF A CON	Signa	Antb ature of Certifying Official	Certificate Number

#### VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008870 Test Date: 02/20/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Smith, Brian D

Permit Number: 0032-6608

Effective:

07/09/2019-07/09/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG911501 Exp Date: 04/25/2021

Test	g/210L	Time
DIAG	Pass	3:45pm
AIR BLK	.00	3:46pm
ACCY CHK	.08	3:46pm
AIR BLK	.00	3:48pm
SUB TEST	.00	3:49pm
AIR BLK	.00	3:50pm
SUB TEST	.00	3:51pm
ATR BLK	. 00	3:52pm

Reported AC: ..00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services

Rev. 12/2007

## VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008870

Test Record Number: 2963

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:56pm
FLO	Pass	3:56pm
FC	Pass	3:56pm

#### Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	3:56pm 3:56pm
$\mathbf{DET}$	Pass	3:56pm
BAR	Pass	3:56pm
BT	Pass	3:56pm

#### Blank Tests

Test	Status	Time

AIR Pass 3:57pm

#### Printer Tests

iest	Status	TIME
PRNT	Pass	3:57pm

## CRC Tests

Test	Status	Time
COMP	Pass	3:57pm
CAL	Pass	3:57pm

Preventive Maintenance Status: Pass

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County VAN	Instrument Location VANCE Co. SHERIFF'S OFFICE ial No. 008937 156 CHURCH ST. HENDERSON, NC
Instrument Ser	ial No. 008937 156 CHURCH ST. HENDERSON, NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures wer	the <u>20</u> day of <u>FERRUAPU</u> , 20 <u>20</u> the forgoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Signature of Certifying Official Certificate Number

#### VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008937 Test Date: 02/20/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Smith, Brian D

Permit Number: 0032-6608

Effective:

07/09/2019-07/09/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG934303 Exp Date: 12/09/2021

Test	g/210L	Time
DIAG AIR BLK	Pass	3:35pm 3:36pm
ACCY CHK	.08	3:37pm
AIR BLK SUB TEST	.00 .00	3:38pm <b>3:40pm</b>
AIR BLK	.00	3:41pm
SUB TEST	.00	3:43pm
AIR BLK	.00	3:44pm

Reported AC: .00

.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008937 Test Record Number: 2839 Test Date: 02/20/2020 Test Time: 3:48pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:48pm
FLO	Pass	3:48pm
FC	Pass	3:48pm

## Temperature Tests

Status	Time
Pass	3:48pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	3:49pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:49pm
	CRC Tests	
Test	Status	Time
COMP	Pass	3:49pm

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD

,	INTOXIMETERS, MODEL INTOX EC/IR II
County 1	Ashing TON Instrument Location (MAShing TON CO. S. O.
Instrument So	erial No. 008829 Adams ST., Phymonth, N.C.
The prevention four months a	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures w	on the
TANDERS OF THE STATE OF THE STA	
	Signature of Certifying Official Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

## WASHINGTON COUNTY SHERIFF'S OFFICE 930

Serial Number: 008829 Test Date: 02/14/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Keesler, Linda A

Permit Number: 0045-5468

Effective:

07/08/2019-07/08/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG902201 Exp Date: 01/22/2021

Test	g/210L	Time
DIAG AIR BLK	Pass	12:27pm 12:28pm
ACCY CHK	.07	12:28pm
AIR BLK	.00	12:29pm
SUB TEST	.00	12:30pm
AIR BLK	.00	12:31pm
SUB TEST	.00	12:32pm
AIR BLK	.00	12:33pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Janux Kessel
Analyst

## WASHINGTON COUNTY SHERIFF'S OFFICE 930

Serial Number: 008829

Test Record Number: 950

Test Date: 02/14/2020

Test Time: 12:34pm EST

System Check: Passed

## Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:34pm 12:34pm
FC	Pass	12:34pm

## Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	12:35pm 12:35pm
DET	Pass	12:35pm
BAR	Pass	12:35pm
BT	Pass	12:35pm

#### Blank Tests

Test	Status	Time
ATR	Pass	12:35pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:35pm
. •	CRC Tests	
Test	Status	Time

Test	Status	Time
COMP	Pass	12:35pm
CAL	Pass	12:35pm

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

The preventi four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once ever are:	у
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer sh 34 degrees, plus or minus .2 degree centigrade;	DW
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tes whichever occurs first.	
procedures v	on the day of <u>FFBIJAIG</u> , 20 <u>0</u> , the foregoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.	<b>e</b>



Signature of Certifying Official

Certificate Number

## WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008879 Test Record Number: 1268
Test Date: 02/20/2020 Test Time: 11:25am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:26am
FLO	Pass	11:26am
FC	Pass	11:26am

## Temperature Tests

Test	Status	Time
FC1	Pass	11:26am
SRC	Pass	11:26am
DET	Pass	11:26am
BAR	Pass	11:26am
BT	Pass	11:26am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:27am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:27am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:27am

Preventive Maintenance Status: Pass

Analyst

#### WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008879 Test Date: 02/20/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Keesler, Linda A

Permit Number: 0045-5468

Effective:

07/08/2019-07/08/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG902201

Exp Date: 01/22/2021

Test	g/210L	Time

DIAG	Pass	11:17am
AIR BLK	.00	11:17am
ACCY CHK	.08	11:18am
AIR BLK	.00	11:19am
SUB TEST	.00	11:20am
AIR BLK	.00	11:21am
SUB TEST	.00	11:23am
AIR BLK	.00	11:23am

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

· — -	Mayne Instrument Location Vayne Co. Detention	
Instrument So	erial No. 008649 201 E. ChosTNUT ST Rolds SILD	<u>بر</u> :
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:	
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;	ws
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	- <b>3</b> 50
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.	,
	on the day of FBIUAIS, 20 30, the foregoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.	-
THE STATE OF THE S	Signature of Certifying Official Certificate Number	

A signed original of the preventive maintenance record shall be kept on file for at least three years.

#### WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008649 Test Date: 02/20/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Keesler, Linda A Permit Number: 0045-5468

Effective:

07/08/2019-07/08/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

Lot Number: AG902106 Exp Date: 01/21/2021

Test	g/210L	Time
DIAG AIR BLK	Pass	11:16am 11:17am
ACCY CHK	.08	11:17am
AIR BLK	.00	<b>11:</b> 18am
SUB TEST	.00	11:19am
AIR BLK	.00	11:20am
SUB TEST	.00	11:22am
AIR BLK	.00	11:23am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services

### WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008649 Test Record Number: 4135 Test Date: 02/20/2020 Test Time: 11:26am EST

System Check: Passed

Baseline Tests

Test	Status	Time
1		
IR	Pass	11:26am
FLO	Pass	11:26am
FC	Pass	11:26am

## Temperature Tests

Test	Status	Time
FC1	Pass	11:26am
SRC	Pass	11:26am
DET	Pass	11:26am
BAR	Pass	11:26am
BT	Pass	11:26am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:27am

### Printer Tests

Test	Status	Time
PRNT	Pass	11:27am
	CDC Togta	

#### CRC Tests

Test	Status	Time
COMP	Pass	11:27am
CAL	Pass	11:27am

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

The preventi four months	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once ever are:	у
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer sh 34 degrees, plus or minus .2 degree centigrade;	οw
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tes whichever occurs first.	
procedures v	t on the <u>QUHU</u> day of <u>FEBRUATY</u> , 20 <u>QU</u> , the foregoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.	е
of THE STATE	E ON OR H	

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Signature of Certifying Official

### WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008671 Test Date: 02/20/2020

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Keesler, Linda A
Permit Number: 0045-5468
Effective:
07/08/2019-07/08/2021

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG933703 Exp Date: 12/03/2021

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00	11:15am 11:16am 11:16am
AIR BLK	.00	11:17am
SUB TEST	.00	11:18am
AIR BLK	00	11:19am
SUB TEST	.00	11:21am
AIR BLK	.00	11:22am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services

Trup fleest

### WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008671

Test Record Number: 4980

Test Date: 02/20/2020

Test Time: 11:22am EST

System Check: Passed

### Baseline Tests

Test	Status	Time
IR FLO	Pass	11:23am 11:23am
FC	Pass Pass	11:23am

## Temperature Tests

FC1 Pass 11:23am SRC Pass 11:23am DET Pass 11:23am BAR Pass 11:23am	Test	Status	Time
BT Pass 11:23am	SRC	Pass	11:23am
	DET	Pass	11:23am

### Blank Tests

Test	Status	Time
AIR	Pass	11:24am

#### Printer Tests

Test	Status	Time	
PRNT	Pass	11:24am	

### CRC Tests

Test	Status	Time
COMP	Pass Pass	11:24am

Preventive Maintenance Status: Pass

Analyst

## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Wilks	
Instrument Serial N	o. 008865 Wilkesboro, NC
The preventive main four months are:	ntenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
	erify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show degrees, plus or minus .2 degree centigrade;
2. V	erify instrument displays time and date;
3. In	itiate breath test sequence;
4. E	nter information as prompted;
5. V	erify instrument accuracy;
6. W	hen "PLEASE BLOW" appears, collect breath sample;
7. W	hen "PLEASE BLOW" appears, collect breath sample;
8. P1	rint test record;
9. V	erify Diagnostic Program; and
sin	erify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath mulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, hichever occurs first.
	day of <u>February</u> , 20 <u>20</u> , the foregoing preventive maintenance rformed on the instrument indicated above, in accordance with current regulations of the N.C. Ith and Human Services, and the instrument is functioning properly.
COUNTY STATE OF MODELS AND STATE COUNTY WORKS AND STATE OF STATE O	Signature of Certifying Official Certificate Number
A signed original of	the preventive maintenance record shall be kept on file for at least three years.

#### WILKES COUNTY WILKES CO DETENTION 960

Serial Number: 008865 Test Date: 02/25/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

06/01/2019-06/01/2021

Officer's Name: NONE,
Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG933901 Exp Date: 12/05/2021

Test	g/210L	Time
DIAG	Pass	5:46pm
AIR BLK	.00	5:47pm
ACCY CHK	.08	5:48pm
AIR BLK	.00	5:49pm
SUB TEST	.00	5:49pm
AIR BLK	.00	5:50pm
SUB TEST	.00	5:52pm
AIR BLK	.00	5:53pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### WILKES COUNTY WILKES CO DETENTION 960

Serial Number: 008865 Test Record Number: 741
Test Date: 02/25/2020 Test Time: 5:54pm EST

System Check: Passed

### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	5:54pm 5:54pm
FC	Pass	5:54pm

## Temperature Tests

Test	Status	Time
FC1	Pass	5:54pm
SRC	Pass	5:54pm
DET	Pass	5:54pm
BAR	Pass	5:54pm
BT	Pass	5:54pm

### Blank Tests

Test	Status	Time
AIR	Pass	5:55pm

### Printer Tests

Test	Status	Time
PRNT	Pass	5:55pm
	CRC Tests	;

TT -----

Test	Status	Time
COMP	Pass	5:55pm
CAL	Pass	5:55pm

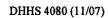
Preventive Maintenance Status: Pass

Analyst

## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Wil	1Kes Instrument Location Wilkes Co. Detention
Instrument Seri	al No. 008843 Wilkesboro, NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures wer	the
STAILE OF THE STAIL OF THE STAI	Signature of Certifying Official Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.



WILKES COUNTY WILKES CO DETENTION 960

Serial Number: 008843 Test Date: 02/25/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

06/01/2019-06/01/2021

Officer's Name: NONE, Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG933901 Exp Date: 12/05/2021

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	5:47pm 5:48pm 5:49pm 5:50pm 5:50pm 5:51pm
SUB TEST	.00	5:53pm
AIR BLK	.00	5:54pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### WILKES COUNTY WILKES CO DETENTION 960

Serial Number: 008843 Test Record Number: 2444
Test Date: 02/25/2020 Test Time: 5:55pm EST

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	5:55pm
FLO	Pass	5:55pm
FC	Pass	5:55pm

## Temperature Tests

Test	Status	Time
FC1	Pass	5:56pm
SRC	Pass	5:56pm
DET	Pass	5:56pm
BAR	Pass	5:56pm
BT	Pass	5:56pm

## Blank Tests

Test	Status	Time
AIR	Pass	5:56pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	5:56pm
	CRC Tests	
Test	Status	Time
COMP	Pass	5:56pm

Preventive Maintenance Status: Pass

Pass

5:56pm

Analyst

CAL

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	JISON	Instrum	ent Location_	SAT	Mos	DE W	VI 6	
Instrument S	Serial No. 00 8 17	a E	lm co	y	·			
<u> </u>				_				
The preventi four months	ive maintenance procedure are:	es for the Intoximeters	Model Intox	EC/IR II	to be fol	owed at	least once e	very
1.	Verify the ethanol go 34 degrees, plus or n	as canister displays pro ninus .2 degree centigi	essure, or the a	lcoholic	breath si	nulator ti	nermometer	sho
2.	Verify instrument di	salays time and date;						
3,	Initiate breath test se	quence;						
4,	Enter information as	prompted;					: : : :	
5.	Verify instrument ac	curacy;			· · · · ·			
6.	When "PLEASE BL	OW" appears, collect	breath sample	;				
7.	When "PLEASE BL	OW" appears, collect	breath sample	i			: : :	
8.	Print test record;							; ;
9.	Verify Diagnostic Pro	ogram; and			. 1	٠.		
10.	Verify that the ethano simulator solution is whichever occurs firs	ol gas canister is being being changed every f it.	changed befo our months or	re expira after 125	tion date Alcohol	or the ai ic Breath	coholic brea Simulator	ath tests,
I certify that	on the3day	FEDDUALLY	, 20 <u></u> 2	<u>()</u> , the f	oregoing	preventiv	⁄e maintena	ınce
Department	ere performed on the inse of Health and Human Ser	rument indicated abovices, and the instrum	ve, in accordar ent is function	nce with o ning prop	current re perly.	gulation	of the N.C	<b>,</b>
	S. A. S.					•		
THE OUM VE	MAT .	50v	<b>7</b>			64	5	
	<del></del>	Signature of Cert	ifying Officia	1	-	Certifica	ate Number	-
signed origi	inal of the preventive mair	ntenance record shall b	e kept on file	for at lea	st three y	ears.	10 ANA SERVICES AND	
				1				٠.

## WILSON COUNTY BAT MOBILE UNIT 6 970

Serial Number: 008779 Test Date: 02/03/2020

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911 Subject's Sex: Male

Driver's License State: XX Driver's License Number: NONE

Analyst's Name: Varnell, Bryon L Permit Number: 0036-1210 Effective:

08/14/2019-08/14/2021

Officer's Name: NONE, NONE Type of Agency: FTA Agency: DHHS Test Type: Breath Test

Lot Number: AG911506 Exp Date: 04/25/2021

Test	g/210L	Time	
DIAG	Pass	11:15	am
AIR BLK	.00	11:1	
ACCY CHK	.07	11:1	am
AIR BLK	.00	11:1	am
SUB TEST	.00	11:18	
AIR BLK	.00	11:19	am
SUB TEST	.00	11:20	
AIR BLK	.00	11:2	

Reported AC: .00 g/2101

Signature of Chemical Aralyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services

## WILSON COUNTY BAT MOBILE UNIT 6 970

Serial Number 008779 Test Record Number 3613
Test Date: 02/03/2020 Test Time: 11:23am EST

System Check: Passed

Baseline Tests

TCSC	ocacus	rime
	14	
IR	Pass	11:23am
FLO	Pass	11:23am
FC	Pass	11:23am

## Temperature Tests

TCDC	blatus	ттше
FC1	Pass	11:23am
ERC	Pass	11:23am
DET	Pass	11:23am
BAR	Pass	11:23am
BT	Pass	11:23am

## Blank Tests

Test		Status	T	ime	
			i vi		4.1
AIR	i iki.	Pass	1	1:24	am
	100		4*		

## Printer Tests

Test	Status	Time
PRNT	Pass	11:24am
	CRC Tests	
Test	Status	Time
СОМЪ	Pass	11:24am
CAL	Pass	11.24am

Preventive Maintenance Status: Pass

**Analyst** 

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 1	DSON	Instrument Location	HONZIE	CWD	6
Instrument Se	erial No. <u>009637</u>	am any			
The preventive four months a	ve maintenance procedures are:	for the Intoximeters, Model Intox EC/IR I	to be foll	owed at least	once every
1.	Verify the ethanol gas 34 degrees, plus or mir	canister displays pressure, or the alcoholic us .2 degree centigrade;	breath sir	nulator therm	ometer shov
2.	Verify instrument disp	lays time and date;			
3.	Initiate breath test sequ	ence;			
4.	Enter information as p	ompted;			
5.	Verify instrument accu	racy;			
6.	When "PLEASE BLO	W" appears, collect breath sample;			4
7.	When "PLEASE BLO	W" appears, collect breath sample;			: :
8.	Print test record;				
9.	Verify Diagnostic Prog	ram; and			:
10.	Verify that the ethanol simulator solution is be whichever occurs first.	gas canister is being changed before expire ing changed every four months or after 12	tion date, 5 Alcohol	or the alcoho ic Breath Sim	olic breath nulator tests,
I certify that o	ere performed on the instru	f FOR WANY , 2020 , the ment indicated above, in accordance with	current re	preventive me	aintenance he N.C.
Department o	of Fleatth and Human Servi	ces, and the instrument is functioning pro	perly.		1
STATE OF THE STATE					: : : : : : : : : : : : : : : : : : : :
THE CHANT				•	
- Caranta		Signature of Certifying Official	_	Certificate N	Jumber
A signed origin	nal of the preventive mainte	enance record shall be kept on file for at le	ast three y		

WILSON COUNTY BAT MOBILE UNIT 6 970

Serial Number: 008637 Test Date: 02/03/2020

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male | Driver's License State: XX | Driver's License Number: NONE

Analyst's Name: Varnell, Bryon L Permit Number: 0036-1210

Effective:

08/14/2019-08/14/2021

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG716201 Exp Date: 04/25/2021

 				20.	e in the						
Te	co.t.	•			/	21	A T		100	_:	_
	0.	•			ч/.		JL	" V V	- 311	'i me	_
- 1			* * .	'	بر ب		7.5	-2	_		_
					5 - 17	. 11					

			and the second second			
DIAG		Pass		11:	14	am.
AIR B	LK	.00		11:		
ACCY		.07	, Nation	11:		
AIR B		0.0		11:	16	am
Sub t		-00		11:	178	am
AIR B		.00		11:		
SUB T		.00		11:	19 a	£m.
AIR B	LK	.00	2004 - F.A	11:	20a	ım

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## WILSON COUNTY BAT MOBILE UNIT 6 970

Serial Number: 008637 Test Record Number: 3053 Test Date: 02/03/2020 Test Time: 11:21am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:21am
FLΦ	Pass	11:21am
FC	Pass	11:21am

## Temperature Tests

Test	Status	Time
FC1	Pass	11:21am
SRC	Pass	11:21am
DET	Pass	11:21am
BAR	Pass	11:21am
BT	Pass	11:21am

## Blank Tests

Test	Statu	s Time	
AIR	Pass	11:22am	_
	1455	T1.22a	ı
I	rinter T	ests	

	rest		i	Stat		Time				
	i de la companya de l		٠	1					14	
٠	PR	NT		1	Pass		:	ll:2	2ai	m
					500		47			
		1		CRO	ግ ጥሬ	oHo	٠.	11.	Ť + 1.	

Test	Status	Time
COMP	Pass	11:22am
CAL	Pass	11:22am

Preventive Maintenance Status: Pass

Analyst

## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	NIISON Instrument Location 15h	T MU	ITE UNIT	6
Instrument S	Serial No. 008716 Em CTY			:
The prevent four months	ive maintenance procedures for the Intoximeters, Model Intox EC/IR 1 are:	I to be fol	lowed at least	once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic 34 degrees, plus or minus .2 degree centigrade;	breath si	mulator thermo	meter shov
2.	Verify instrument displays time and date;			
3.	Initiate breath test sequence;			
4.	Enter information as prompted;		-	
5.	Verify instrument accuracy;			•
6.	When "PLEASE BLOW" appears, collect breath sample;			
7.	When "PLEASE BLOW" appears, collect breath sample;			•
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canister is being changed before expir simulator solution is being changed every four months or after 12 whichever occurs first.	ation date 5 Alcoho	or the alcohol ic Breath Simi	ic breath lator tests,
I certify that procedures w Department	on the day of <u>FONUARY</u> , 20 <u>20</u> , the vere performed on the instrument indicated above, in accordance with of Health and Human Services, and the instrument is functioning pro-	CITERON .	preventive ma egulations of th	intenance ae N.C.
STATE				
THE SECOND SECON			64	7
	Signature of Certifying Official		Certificate N	
A signed origi	inal of the preventive maintenance record shall be kept on file for at le	ast three y	ears.	

WILSON COUNTY BAT MOBILE UNIT 6 970

Serial Number: 008776 Test Date: 02/03/2020

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Varnell, Bryon L Permit Number: 0036-1210 Effective: 08/14/2019-08/14/2021

Officer's Name: *NONE, NONE* Type of Agency: *FTA* Agency: *DHHS* Test Type: *Breath Test* 

Lot Number: AG902201 Exp Date: 01/22/2021

Test g/210L Time DIAG Pass 11:18am AIR BLK .00 11:18am ACCY CHK .07 11:19am AIR BLK .00 11:20am SUB TEST .00 11:20am AIR BLK .00 11:21am SUB TEST .00 11:23am AIR BLK .00 11:24am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WILSON COUNTY BAT MOBILE UNIT 6 970

Serial Number: 008776 Test Record Number: 3571
Test Date: 02/03/2020 Test Time: 11:24am EST

System Check: Passed

Baseline Tests

Test Status Time

IR Pass 11:24am
FLO Pass 11:24am
FC Pass 11:25am

Temperature Tests

Test Status Time FC1 Pass 11:25am SRC Pass 11:25am DET Pass 11:25am BAR Pass 11:25am BT Pass 11:25am

Blank Tests

Test Status Time

AIR Pass 11:25am

Printer Tests

Test Status Time

PRNT Pass 11:25am

CRC Tests

Test Status Time

COMP Pass 11:25am CAL Pass 11:25am

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County/	NIZSON	Instrument Location SA	Mon	TTE UNIT 6
Instrument Se	VIZSON erial No. 00858	O amany		
The preventive four months a	ve maintenance procedures are:	for the Intoximeters, Model Intox EC/IR I	to be fol	lowed at least once every
1.	Verify the ethanol gas 34 degrees, plus or mi	canister displays pressure, or the alcoholic nus .2 degree centigrade;	breath si	mulator thermometer sho
2.	Verify instrument disp	ays time and date;		
3.	Initiate breath test seq	uence;		
4.	Enter information as p	rompted;		
5.	Verify instrument acci	тасу;		
6.	When "PLEASE BLO	W" appears, collect breath sample;		
7.	When "PLEASE BLO	W" appears, collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Pro	gram; and		
10.	Verify that the ethanol simulator solution is b whichever occurs first.	gas canister is being changed before expire eing changed every four months or after 12	tion date 5 Alcoho	or the alcoholic breath ic Breath Simulator test:
I certify that o	7	FBNUARY ,2020, the		
rocedures w	ere performed on the instr	ment indicated above, in accordance with	oregoing	preventive maintenance
Department o	of Health and Human Serv	ices, and the instrument is functioning pro	perly.	guiacions of the 14.C.
	•			
STATE OF STA				i i
COT OTAM AND		10		663
		Signature of Certifying Official		Certificate Number
signed origin	nal of the preventive mains	Phance record shall be kent on Sile Court to		

### WILSON COUNTY BAT MOBILE UNIT 6 970

Serial Number: 008580 Test Date: 02/03/2020

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Varnell, Bryon L Permit Number: 0036-1210 Effective: 08/14/2019-08/14/2021

Officer's Name: NONE, NONE Type of Agency: FTA Agency: DHHS Test Type: Breath Test

Lot Number: AG821401 Exp Date: 08/02/2020

Test	g/210L	Time
DIAG	Pass	11:44am
AIR BLK	.00	11:45am
ACCY CHK	.07	11:45am
AIR BLK	.00	11:46am
SUB TEST	.00	11:47am
AIR BLK	.00	11:48am
SUB TEST	.00	11:49am
AIR BLK	.00	11:50am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services

## WILSON COUNTY BAT MOBILE UNIT 6 970

Serial Number: 008580 Test Record Number: 2552 Test Date: 02/03/2020 Test Time: 11 56am EST

System Check: Passed

### Baseline Tests

rest		Status	Time	Time				
IR	2 M.	Pass	11:57am					
FLO	161.15	Pass	11:57am					
FC	100	Pass	11:57am					

## Temperature Tests

Test	Status	Time
FC1	Pass	11:57am
SRC	Pass	11:57am
DET	Pass	11:57am
BAR	Pass	11:57am
BT	Pass	11:57am

## Blank Tests

١,	Tes	t		1,5	Sta	tus	4. i.	Tim	e	٠
	100	100	100			1.	1.			Ċ

		Pass				
AIR				 	58a	2.111

#### Printer Tests

1000	1.0	beat	us	المتلك تلد	iie ,	
	42.	1.00		机特益		
PRNT		D=			- A	
LKM.	100	Pass		11:	58	am
		18.00			· · · .	
	AT.	10 ma		5.414.4		*

CRC Tests

Test Status Time

COMP Pass 11:58am CAL Pass 11:58am

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	ISON	Instrument Location	TMONITE	UND 6
Instrument So	erial No. 008584	am OY		
·		· · · · · · · · · · · · · · · · · · ·	· ·	
The preventive four months a	ve maintenance procedures for the Inture:	oximeters, Model Intox EC/II	R II to be fol	lowed at least once every
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 degr	isplays pressure, or the alcohoree centigrade;	olic breath si	mulator thermometer sho
2.	Verify instrument displays time a	and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			:
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appear	rs, collect breath sample;		
7.	When "PLEASE BLOW" appear	rs, collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas caniste simulator solution is being change whichever occurs first.	er is being changed before exp ed every four months or after	piration date 125 Alcoho	or the alcoholic breath ic Breath Simulator tests
	7 100	. 441/		
certify that corocedures we	on the day of / CVC core performed on the instrument indiff Health and Human Services, and the	cated above, in accordance wi	th current re	preventive maintenance gulations of the N.C.
	- Avenatir and Truman Oct vices, and th	ie instrument is mnetioning [	properly.	
OF THE STATE OF	NO			
	Case			
A SOUTH AND IN THE STATE OF THE				663
·	Signatu	re of Certifying Official		Certificate Number
signed origin	al of the preventive maintenance reco	ord shall be kept on file for at	least three y	ears.

## WILSON COUNTY BAT MOBILE UNIT 6 970

Serial Number: 008584 Test Date: 02/03/2020

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: Varnell, Bryon L Permit Number: 0036-1210 Effective: 08/14/2019-08/14/2021

Officer's Name: NONE, NONE Type of Agency: FTA Agency: DHHS Test Type: Breath Test

Lot Number: AG807101 Exp Date: 03/12/2020

Test	CT	/21	ΩТ	200	Time
	3	<i>,</i>	O.11		T T III C

		1.00
DIAG	Pass 11:45	am
AIR BLK	.00 11:4	1.00
ACCY CHK		
AIR BLK	.00 11:47	
SUB TEST	.00 11:47	
AIR BLK	.00 11:48	
SUB TEST	.00 11:50	
AIR BLK	.00 11.50	2.00
and the second of the second o		

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WILSON COUNTY BAT MOBILE UNIT 6 970

Serial Number: 008584 Test Record Number: 2317 Test Date: 02/03/2020 Test Time: 11:57am EST

System Check: Passed

Baseline Tests

rest	Status	Time
		eganing terap.
IR	Pass	11:58am
FLO	Pass	11:58am
FC	Pass	11:58am

## Temperature Tests

Tebr	Status	TIME
FC1	Pass	11:58am
SRC	Pass	11:58am
DET	Pass	11:58am
BAR	Pass	11:58am
BT	Pass	11:58am

## Blank Tests

Tes	t	Status	Time
AIR		Pass	11:59am

## Printer Tests

Test	Status	Time
PRNT	Pass	11:59am
	CRC Tests	
Test	Status	Time
СОМР	Pass	11:59am

Preventive Maintenance Status: Pass

Pass

11:59am

CAL

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /	IIson		Instrument I	Location	SAT	Most	TE UNI	6
Instrument Se	rial No. 008680	þ	Eliv	1 (ITY	1			
	e maintenance procedures f	or the Into	ximeters, Mo	del Intox E	C/IR II	o be folk	wed at least	once every
four months a	re;							
1.	Verify the ethanol gas of 34 degrees, plus or min				coholic t	reath sin	ulator therm	ometer show
2.	Verify instrument displ	ays time a	nd date;			,	1	
3.	Initiate breath test sequ	ence;						
4.	Enter information as pr	ompted;						
5.	Verify instrument accu	racy;						
6.	When "PLEASE BLO	V" appear	s, collect brea	ath sample;				
7.	When "PLEASE BLOV	W" appear	s, collect brea	ath sample;				
8.	Print test record;							
9,	Verify Diagnostic Prog	ram; and				•		
10.	Verify that the ethanol simulator solution is be whichever occurs first.							
I certify that	on the day o	f <i>FeVII</i> ment indi	uA/I /	, 20 ½ (	the f	oregoing	preventive m	naintenance
	of Health and Human Servi						<b>6</b>	
	,							
THE STATE							٠	
							*	
	\$ 2							
		1 5 1	· ·				•	
TEL QUAN VAN	22	50	V		>		60	5
		Signat	ure of Certify	ing Official	l	_	Certificate	Number
A signed origi	nal of the preventive maint	engnce rec	ord shall be b	ant on file	for at la	et three	/anve	
A-0-1444 A1 P	or me brotomite month		ore built of R	opt on me	IVI AL IGI	ial Hiigg	vais,	

## WILSON COUNTY BAT MOBILE UNIT 6 970

Serial Number: 008686 Test Date: 02/03/2020

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTNENANC

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: Varnell, Bryon L

Permit Number: 0036-1210 Effective:

08/14/2019-08/14/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS Test Type: Breath Test

Lot Number: AG807101 Exp Date: 03/12/2020

Test	g/210L	Time
DIAG	Pass	11:43am
AIR BLK	.00	11:44am
ACCY CHK	.07	11:44am
AIR BLK	.00	11:45am
SUB TEST	.00	11:46am
AIR BLK	.00	11:47am
SUB TEST	.00	11:48am
AIR BLK	.00	11 49am

Reported AC:  $.00 \, \sigma/2101$ 

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures Forensic Tests for Alcohol Branch Department of Health and Human Services

## WILSON COUNTY BAT MOBILE UNIT 6 970

Serial Number: 008686 Test Record Number: 6676 Test Date: 02/03/2020 Test Time: 11:56am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:57am
FLO	Pass	11:57am
FC	Pass	11:57am

## Temperature Tests

Idar	SLALUS	TTME
FC1	Pass	11:57am
SRC	Pass	11:57am
DET	Pass	11:57am
BAR	Pass	11:57am
ВТ	Pass	11:57am

### Blank Tests

Tes	;t	Status	Time
AIR	<b>}</b>	Pass	11:58an

Printer Tests

1000	blatus	TTIRE
	the second section of	
	F 17 F	
PRNT	Pass	11:58ar
T 7474 T	rass	TT:0091
1. Art 4. Art 1. Art 4. Art 1.	The second secon	

CRC Tests

Test	٤	Statu	s	Time	Э
COMP	1	Pass		11:5	San
CAL		ass		11:5	

Preventive Maintenance Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services

## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /G/	Instrument Location Vancey Co. Jul		
Instrument Ser	ial No. 008653 Instrument Location Marcey Co. July		
The preventive four months ar	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
procedures we	n the <u>Jo</u> day of <u>February</u> , 20 <u>20</u> , the foregoing preventive maintenance re performed on the instrument indicated above, in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly.		
STATE OF THE STATE	Signature of Certifying Official Certificate Number		

A signed original of the preventive maintenance record shall be kept on file for at least three years.

#### YANCEY COUNTY YANCEY COUNTY JAIL 990

Serial Number: 008653 Test Date: 02/26/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

06/01/2019-06/01/2021

Officer's Name: NONE,
Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG902201 Exp Date: 01/22/2021

rest	g\ ∀10⊓	TTIME
DIAG	Pass	5:32pm
AIR BLK	.00	.5:33pm
ACCY CHK	.08	5:34pm
AIR BLK	.00	5:35pm
SUB TEST	.00	5:36pm
AIR BLK	.00	5:37pm
SUB TEST	.00	5:39pm
AIR BLK	.00	5:40pm

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services

Analyst

## YANCEY COUNTY YANCEY COUNTY JAIL 990

Serial Number: 008653 Test Record Number: 1436 Test Date: 02/26/2020 Test Time: 5:41pm EST

System Check: Passed

### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	5:41pm 5:41pm
FC	Pass	5:41pm

## Temperature Tests

Test	Status	Time
FC1	Pass	5:41pm
SRC	Pass	5:41pm
DET	Pass	5:41pm
BAR	Pass	5:41pm
BT	Pass	5:41pm

#### Blank Tests

Test Status Time

AIR Pass 5:42pm

## Printer Tests

Test Status Time
PRNT Pass 5:42pm

## CRC Tests

Test Status Time

COMP Pass 5:42pm

CAL Pass 5:42pm

Preventive Maintenance Status: Pass

Analyst